ANNUAL REPORT

2023-2024

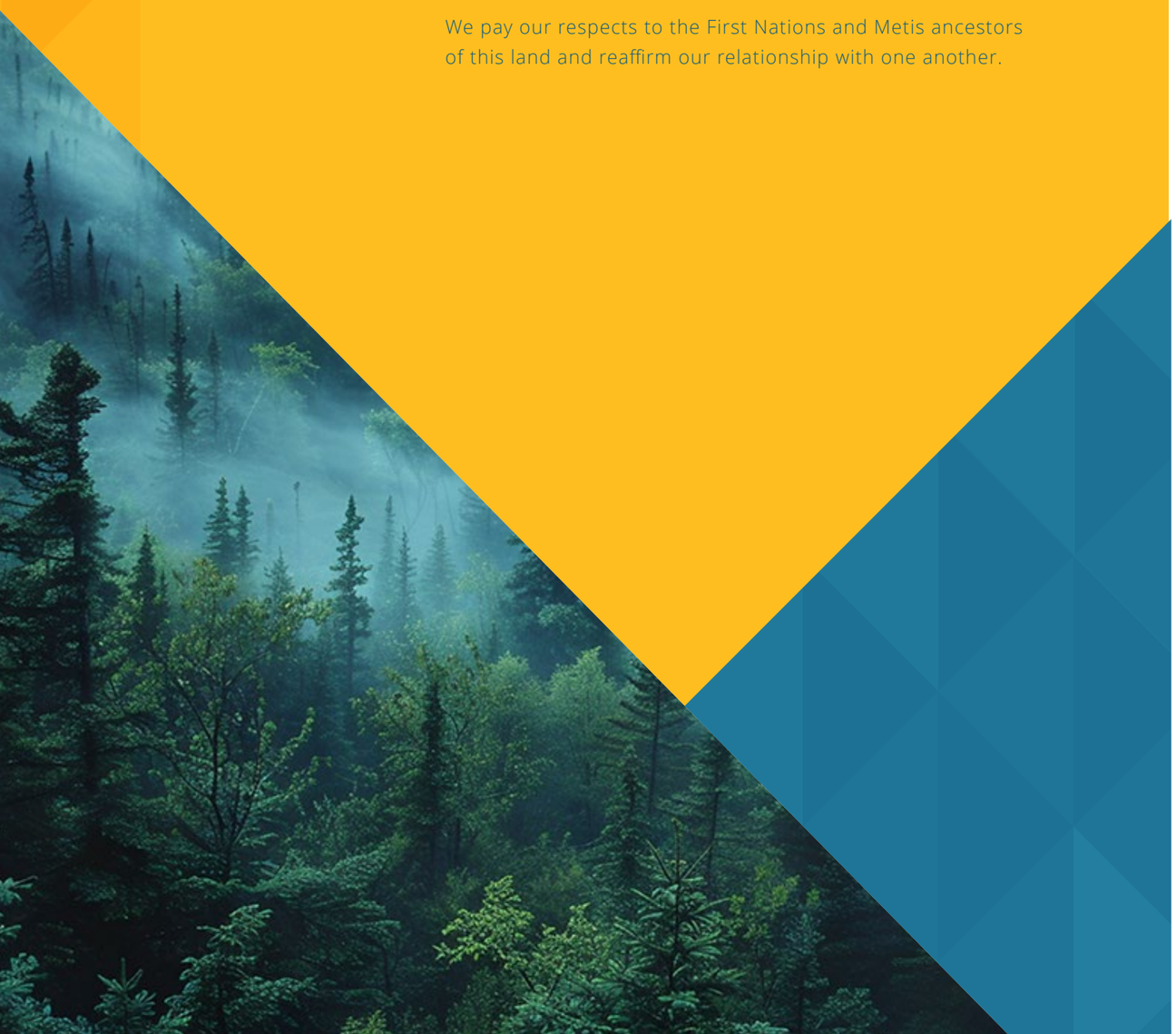
Celebrating 25 years

www.nitha.com

Land Acknowledgement

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

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



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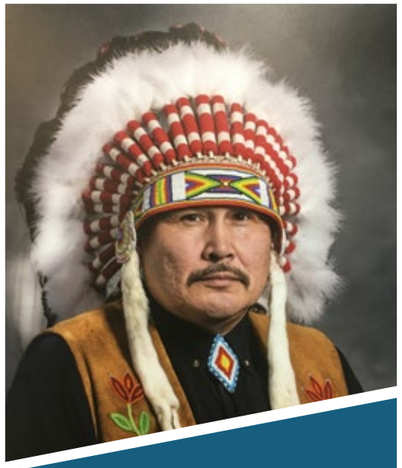


GRAND CHIEF BRIAN HARDLOTTE

Prince Albert Grand Council

Tansi, Edlanete, on behalf of the Northern Inter-Tribal Health Authority's (NITHA) Board of Chiefs (BOC), I am honoured to present the activities of the organization for the period April 1, 2023, to March 31, 2024. The BOC over the year were: Vice Chief Richard Derocher, Meadow Lake Tribal Council (MLTC); Chief Karen Bird, Peter Ballantyne Cree Nation (PBCN); Councillor Gerald McKenzie, Lac La Ronge Indian Band (LLRIB); and Alternate members which included Vice-Chief Chris Jobb, PAGC; Buffalo River Dene Nation Chief Norma Catarat, MLTC; Councillor Devin Bernatchez, LLRIB; and Councillor Sarah Swan, PBCN.

The 2023 year marked NITHA's 25th Anniversary of delivering 3rd-level health services to the Partnership. In recognition, this year's annual report theme is "Celebrating 25 years". The ongoing commitment of the BOC members, past and present, demonstrates the continued belief in the Partnership 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."

In early 2023, the Government of Canada announced the Indigenous Health Equity Fund (IHEF), and its commitment to work with Indigenous Partners across the country to address gaps and systemic inequities in healthcare services. The IHEF is an investment of $2 billion over 10 years to help ensure access to quality and culturally safe healthcare services, in line with the priorities of Indigenous Partners. The BOC along with the NITHA Executive Council have engaged in conversations regarding the fund and identifying potential priorities for the Partnership. In the coming year, we will continue these discussions.

We were pleased to observe the continued downward trend of COVID-19 activity, signaling that the mitigation measures put in place to prevent infection and vaccine rollout have contributed to reducing the spread of the virus over time. We also saw great efforts put forth by the NITHA TB team in their response to and management of the TB Outbreaks within the Partnership. Their successes are only possible with the collaboration of the Community Leaders, Community Nurses, and TB Program Workers.

Over the past year, we witnessed increases in both the number of Sexually Transmitted and Blood Borne Infections (STBBIs) and in the number of animal bites reported within communities. Reducing the number of cases continues to be a priority for the Partnership. We recognize there is a lot of work that lies ahead for us as a BOC, in areas such as Sexual Health, and Mental Health & Addictions, however, as long as we continue to share the common desire and determination to improve the overall well-being and health of our community members, our efforts will become evident in future generations.

It has been a pleasure representing PAGC on the Board of Chiefs and I look forward to working with the NITHA Partnership in the years ahead.

Tiniki,

Message from the Executive Director

TARA CAMPBELL

Executive Director

This year marked our 25th year in operation and my 5th year as the Executive Director of the organization. I begin by acknowledging and thanking our Board of Chiefs and NITHA Executive Council (NEC) members, past and present, for their time and dedication to NITHA. Their commitment demonstrates a continued belief in the Partnership and the mission and vision of NITHA.

This year's report identifies NITHA's accomplishments and challenges faced over the year and priorities for the year ahead. Our program accomplishments are aligned according to the Four Elements that serve as a guide for the work we do in implementing our operational health plan strategic priorities.

In 2023, the newly established Dental Therapy degree program saw an overwhelming amount of interest from across Saskatchewan and the country. The program accepted 7 students at each of the 4 campuses, for a total of 28 students. The recruitment focus remains on recruiting Indigenous students. NITHA continues to sit as a Partner on the Programs Steering Committee.

NITHA hosted a 3-day Community Health Planning Workshop for Saskatchewan First Nation Health Directors and Health Managers from October 17-19, 2023. The workshop, facilitated by the First Nations Health Managers Association (FNHMA), focused on health and wellness planning. Participants left the workshop with useful tips and tools to support planning in their home communities. It was an opportunity for our Partner communities to network with many other Health Directors and hear about some of their successes and challenges.

Over the year, NITHA observed a significant decrease in the number of cases of COVID-19 with only a total of 80 cases reported in 2023-2024. This is a change from the 312 cases we saw in the 2022-2023 year. This brings our total COVID-19 cases from April 1, 2020, through March 31, 2024, to 8570 cases. It is important to note that these were all laboratory-confirmed cases. Although there was a decline in COVID-19 cases, we witnessed a rise in the number of other communicable diseases such as Chlamydia, Gonorrhea, and Syphilis. This increase indicates more effort is needed by NITHA to support our Partners in sexual health awareness.

Next year's priorities include: focusing on accreditation for NITHA; establishing a job evaluation system for both current and future positions at NITHA, improving communication; completing the Traditional Medicine project; completing the Mental Health & Addictions Model of Care; increasing awareness in sexual health; and our TB response.

I commend the work of the Community Leaders, Health Directors, Nurses, and front-line healthcare workers over the past year. I am also continuously grateful for the commitment of the NITHA staff, all of whom continue to look for opportunities to offer culturally appropriate and continued support to our second-level Partners. We look forward to what 2024 -2025 will bring.

Tiniki,











"Great things in business are never done by one person. They're done by a team of people."

– Steve Jobs

Vision, Mission, and Principles

Our Vision

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

Our Mission

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

Our Principles

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

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

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

PRINCE ALBERT GRAND COUNCIL

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

MEADOW LAKE TRIBAL COUNCIL

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

PETER BALLANTYNE CREE NATION

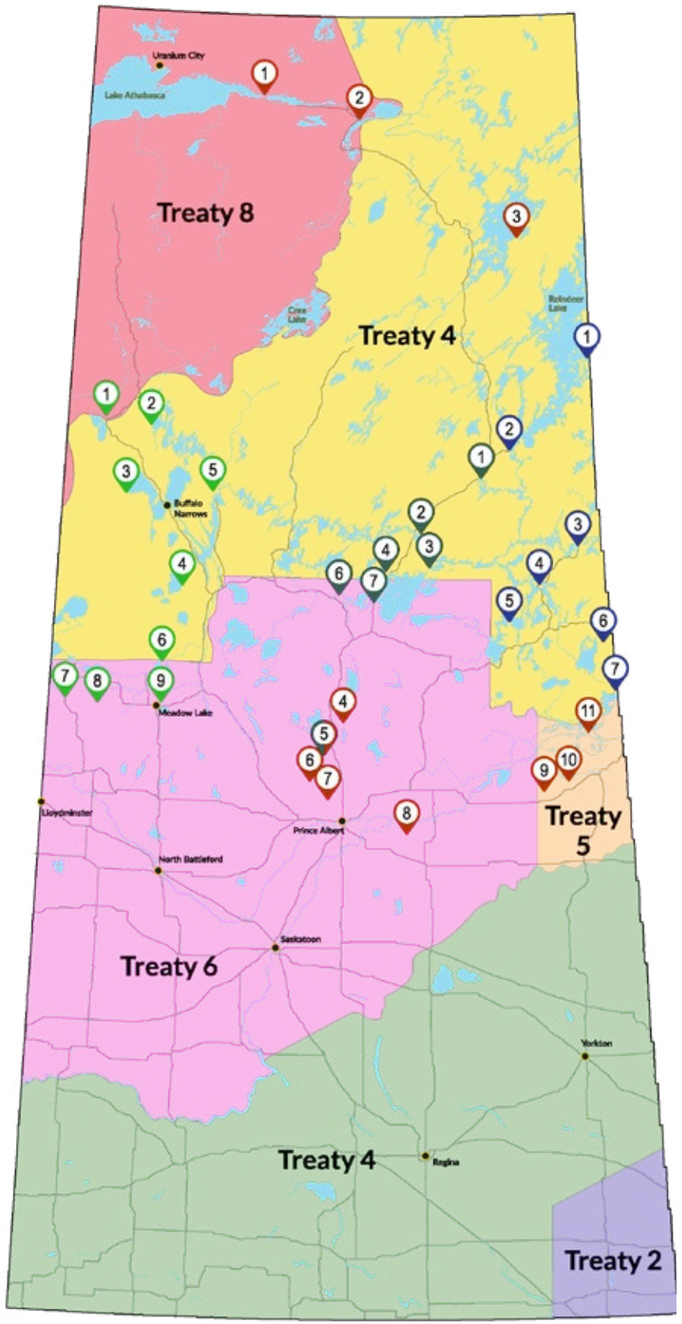
1. Kinoosao
2. Southend Reindeer Lake
3. Sandy Bay
4. Pelican Narrows
5. Deschambault Lake
6. Denare Beach
7. Sturgeon Landing

LAC LA RONGE INDIAN BAND

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

NORTHERN INTER-TRIBAL HEALTH AUTHORITY

Partnership Communities



About The Partnership

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

Prince Albert Grand Council

www.pagc.sk.ca/

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

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

Meadow Lake Tribal Council

www.mltc.net/

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

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

Peter Ballantyne Cree Nation

www.pbcnhealthservices.org

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

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

Lac La Ronge Indian Band

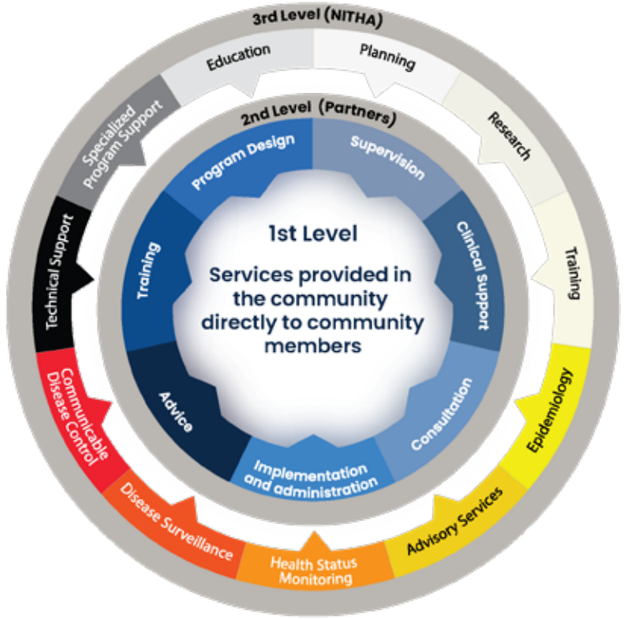
www.llrib.com/

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

About NITHA

Third Level

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



Second Level

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

First Level

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

4 Partner Organizations

33 First Nation Communities

47% On Reserve Population

55,000 Population Served

Our Services

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

Public Health Services and Support:

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

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

Community Services and Support:

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

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

Administration Services and Support:

The Administration Unit, comprised largely of members of the management team, works closely in collaboration with Unit Managers in keeping the Executive Council and Board of Chiefs apprised of NITHA's programs, services and financial position on a quarterly basis.

- Finance
- Human Resources
- Communications

Four Elements

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

1. MODELS OF CARE DEVELOP LEADING PRACTICES

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

2. SURVEILLANCE, EVALUATION AND RESEARCH

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

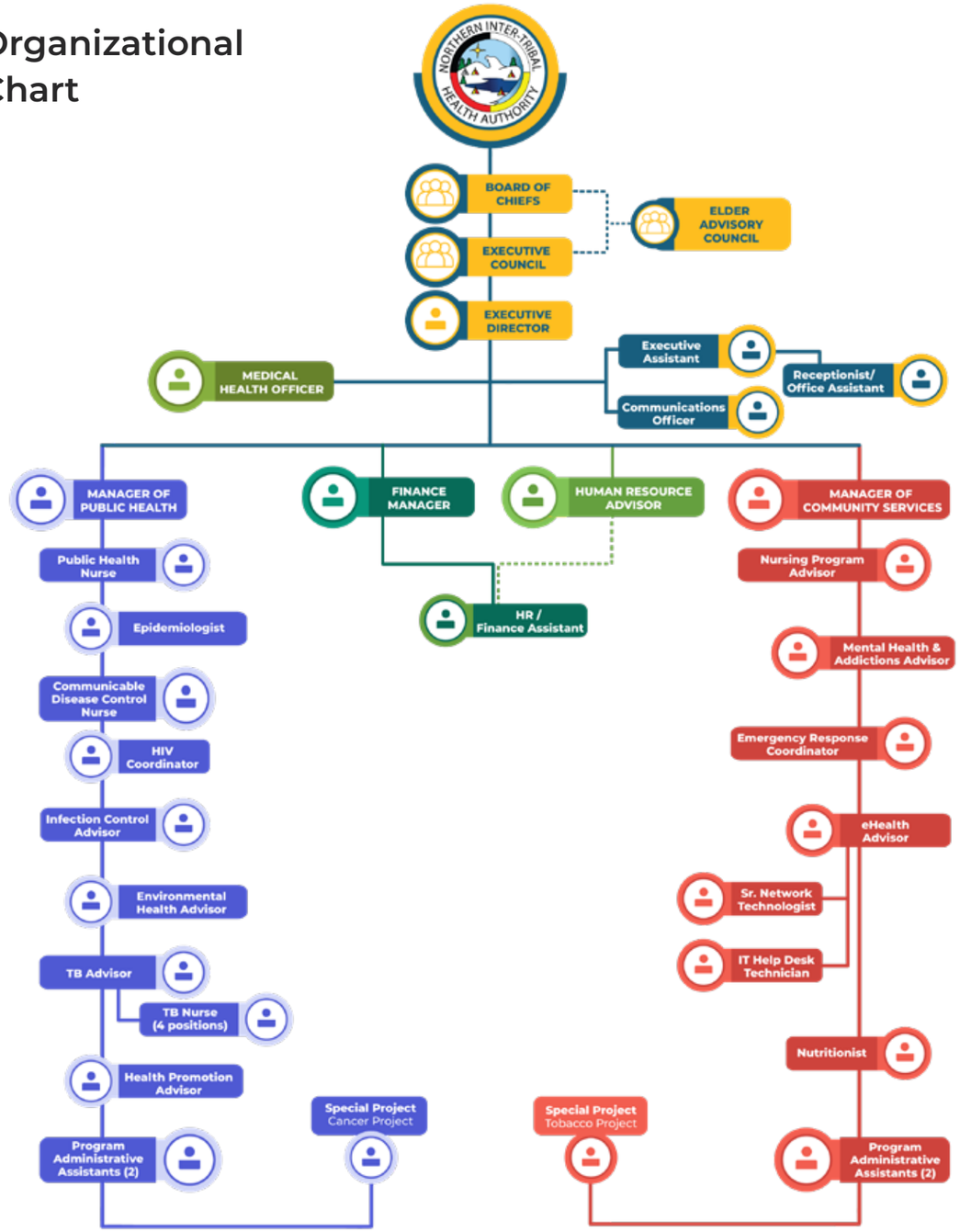
3. ENGAGING AND INFORMING PARTNERS

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

4. CAPACITY BUILDING

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

Organizational Chart



Board of Chiefs

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

Grand Chief
Brian Hardlotte

Prince Albert
Grand Council

Vice Chief
Richard Derocher

Meadow Lake
Tribal Council

Chief
Karen Bird

Peter Ballantyne
Cree Nation

Councillor
Gerald McKenzie

Lac La Ronge
Indian Band

Board of Chiefs Alternates

Vice Chief
Christopher Jobb

Prince Albert
Grand Council

Chief
Norma Catarat

Meadow Lake
Tribal Council

Councillor
Sarah Swan

Peter Ballantyne
Cree Nation

Councillor
Devin Bernatchez

Lac La Ronge
Indian Band

Executive Council

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

Shirley Woods

Prince Albert
Grand Council

Marcia Mirasty

Meadow Lake
Tribal Council

Arnette Weber-Beeds

Peter Ballantyne
Cree Nation

Mary Carlson

Lac La Ronge
Indian Band

Elder Advisory Council

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

Elder
Mike Daniels

Prince Albert
Grand Council

Elder
Rose Daniels

Prince Albert
Grand Council

Elder
Emile Highway

Peter Ballantyne
Cree Nation

Health Careers Scholarship Fund

The NITHA Health Careers Scholarship is awarded annually to students who are a band member of one of NITHA's Partners: PBCN, LLRIB or a band member of one of the first nations belonging to MLTC or PAGC and who are pursuing a career in areas related to health. Successful applicants must be enrolled as a full-time student in a post-secondary health related program of study such as, but not limited to: nursing, dentistry, pharmacy, lab technology, physiotherapy, dietetics, nutrition, medicine, mental health, health administration or public health policy. The program they are enrolled in must be a minimum of two (2) academic years in length. The amounts of the scholarships awarded are up to $3,000.

We had 10 successful applicants. Congratulations and all the best to each recipient as they continue to move forward in achieving their goals.

The deadline for applications for the NITHA Health Careers Scholarship is September 30 of every calendar year.

Crystal Iron
Indigenous Addictions Services

Canoe Lake - MLTC

Eliza Dubinak
Psychiatric Nursing

Denare Beach / Creighton - PBCN

Gari-Ann Gaumond
BSc Nursing

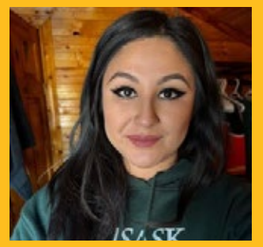
English River / Patuanak - MLTC

Glen Pakoo
Pathway to Indigenous Nursing Education

Shoal Lake - PAGC

Isabelle Pakoo
Pathway to Indigenous Nursing Education

Shoal Lake - PAGC

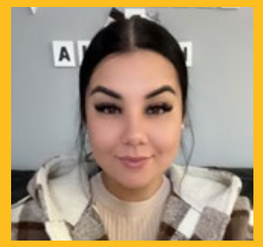


Kaila Mitsuing
Bachelor of Science in Dental Therapy

Loon Lake - MLTC

Kaylan Daniels
Bachelor of Science in Dental Therapy

Sturgeon Lake - PAGC



Keisha Laprise
Mental Health & Wellness

Turnor Lake / Birch Narrows - MLTC

Sasha Merasty
Pharmacy

Sandy Bay - PBCN

Vanessa Carr
Masters in Nursing

La Ronge - LLRIB

CHILDHOOD IMMUNIZATION COVERAGE AWARDS

Since 2015, the NITHA organization has presented formal recognition to each community that obtains a 90% or higher immunization rate to the identified age group of the 1-Year-old age cohort. Immunization coverage is vital for all ages; however, NITHA focuses on the infant population, as they are most vulnerable to vaccine preventable diseases.

Immunization delivery is a preventative program that continues to protect our populations from many serious diseases. It directly impacts the health of our populations, and it is recognized as the most successful and cost-effective health interventions.

During the pandemic, there were many challenges to maintaining the standards of essential services. We commend each community for their concerted efforts to ensure that childhood immunization programs remained a priority. Congratulations to all on your accomplishments.

100%

- Fond du Lac Denesuline Community Health Centre
- Sucker River Health Centre
- Great River Nursing Station (English River)
- Flying Dust First Nations Health Centre
- Hatchet Lake Health Centre
- Wahpeton Health Centre

99%

- Red Earth Health Centre

96%

- Shoal Lake Health Centre

95%

- Stanley Mission Health Centre

93%

- William Charles Health Centre (Montreal Lake Cree Nation)

91%

- Victoria Laliberte Memorial Health Centre (Cumberland House)
- James Smith Health Clinic

Public Health Unit

The Public Health Unit (PHU) provides direction, support and expertise on various public health programs to NITHA's second level Partners. The unit focuses on public health programs such as community health assessment, disease surveillance, communicable disease control, immunization, environmental health, health promotion, infection prevention and control and community-based participatory research. NITHA's tuberculosis (TB) program provides direct support to the Partner communities in TB prevention and management. As part of capacity building, the unit has a practicum program coordinated for students of Masters in Public Health (MPH) and Health Information Management (HIM). PHU staff continue to be highly motivated, and dedicated to their various program areas.

The primary goal of the PHU is to improve the overall health status of NITHA's community members using a public and population health approach. To achieve this goal, PHU staff collaborated with NITHA Partners through various working groups and relevant stakeholders. We appreciate our Partners for the opportunity to work together.

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

Public Health Team

Dr. Nnamdi Ndubuka

Medical Health Officer

Grace Akinjobi

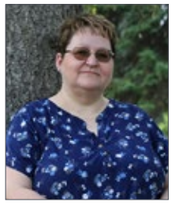
Manager of Public Health

Emmanuel Dankwah

Epidemiologist

James Piad

Communicable Disease Control Nurse



Georgina Ballantyne

Communicable Disease Control Nurse (Term)

Tina Campbell

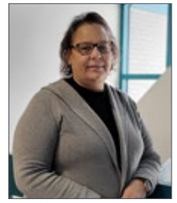
TB Advisor

Leslie Brooks

TB Nurse
(Until May 12, 2023)

Tiffany Adam

TB Nurse



Mavis Ahenakew

TB Nurse
(Until Feb 13, 2024)

Megan Naytowhow

TB Nurse

Jessie Depeel

HIV Coordinator

Sunshine Dreaver

Public Health Nurse

Treena Harris

Environmental Health Advisor

Adeshola Abati

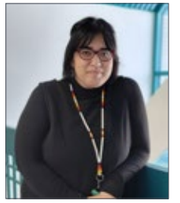
Infection Control Advisor

Kevin Mageto

Health Promotions Advisor

Shree Lamichhane

Research Assistant (Term)



Richa Tikoo

EPI Support (Term)
(Until Oct 4, 2023)

Dana Ross

Data Entry Clerk
(Until Nov 14, 2023)

Deanna Brown

Program Administrative Assistant

Cindy Sewap

Program Administrative Assistant

Delores Templeton

Program Administrative Assistant

Communicable Disease Control

The Communicable Disease Control (CDC) program supports NITHA Partners with timely reporting of Communicable Diseases (CD) and with the provision of support to frontline health care workers on CD control. Mandated under the 1994 Public Health Act and The Disease Control Regulations of Saskatchewan, illnesses covered by the CD program include sexually transmitted and blood borne infections (STBBI's), vaccine preventable and direct respiratory infections, enteric infections and emerging infections.

Accomplishments

1. **Case reporting:** Three thousand five hundred ninety (3590) reports on CDs and contacts from NITHA Partnerships were followed up during the year under review, excluding HIV / AIDS, Hep C / B infections which are included in the HIV program report. Chlamydia and gonorrhea top the list followed by syphilis which has declined by about 2% from the previous year. There is one (1) confirmed congenital syphilis in a baby whose mother did not have pre-natal care. Increasing number of late latent syphilis are being seen as a result of treatment refusal or inability to locate clients. Syphilis is highly infectious. There are times when symptoms may not be bothersome, as a result infected clients may not go to a clinic for testing. It is important to note that testing is the only way to confirm a syphilis infection.
2. **CD follow-up / contact tracing:** For the reporting year, 95 cases of other CDs and enteric infections were reported. Much of the follow-up conducted was on the syphilis contacts.
3. **Supported awareness campaign:** Posters, pamphlets, gift cards and other incentives were provided to NITHA Partner communities to support their testing and awareness campaign(s). Radio advertisements were run on MBC Radio in English, Cree and Dene to increase awareness on CDs such as syphilis, influenza, COVID-19 and the measles.
4. **Capacity building:** Four (4) sessions of Panorama Investigation Outbreak Module (IOM) training were conducted for the Partnership to support CD data entering at the Partner's level. A presentation on syphilis was done for NITHA Partners during the Sexually Transmitted and Blood Borne Infections (STBBIs) conference. An algorithm on syphilis management and the interpretation of lab reports was developed and distributed to assist nurses in community.

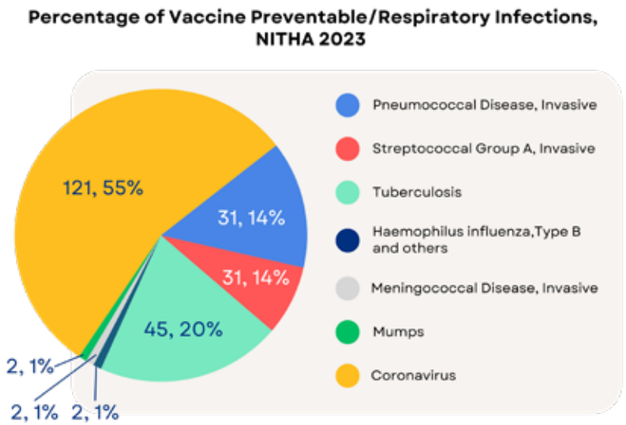


Figure 1: Vaccine preventable/respiratory Infections in NITHA, 2023

Vaccine-preventable and respiratory route infections: The epidemiological summary shows Coronavirus as the most prevalent (55%), followed by Tuberculosis (20%) and Pneumococcal Disease (14%). Invasive Streptococcal Group A accounted for 8%, with Haemophilus influenza, Meningococcal Disease, and Mumps each at 1%. **(Figure 1)**.

COVID-19: COVID-19 cases peaked in 2021 with 5,630 cases, followed by a significant decline to 1,435 in 2022 and 121 in 2023, indicating effective mitigation measures and vaccine rollout reducing the spread of the virus over time. **(Figure 2)**.

In the COVID-19 cases data provided, females aged 60 and above had the highest count (14), while males aged 0-9 had the highest count (16). Overall, females had 72 cases, and males had 49, with notable variations across age groups. **(Figure 3)**.

Seasonal Influenza: Between October 1, 2023, and March 31, 2024, there were 259 cumulative seasonal influenza cases. The majority were females (61%) with an average age of 26 years. Most cases were not immunized (59%), and Type A influenza strain was predominant (83%). Majority of the cases were treated as out-patient care (68%). **(Table 1)**.

Total Seasonal Influenza cases (Oct 1, 2023 – March 31, 2024)		259	
		Number	Percent (%)
Gender	Male	101	39
	Female	158	61
Age (years)	Average	26	-
	Range	0-90	-
Immunized	Yes	15	6
	No	153	59
	Unknown	91	35
Influenza Strain	Type A	214	83
	Type B	44	17
	Unknown	1	0
Admitted & Discharged	Out-patient	175	68
	Hospitalization	13	5
	ICU	0	0
	Unknown	71	27
Partnership	PAGC	28	11
	MLTC	83	32
	LLRIB	50	19
	PBCN	98	38

Table 1: Total Seasonal Influenza cases, NITHA, October 1, 2023 to March 31, 2024 (2023-24 Flu season)

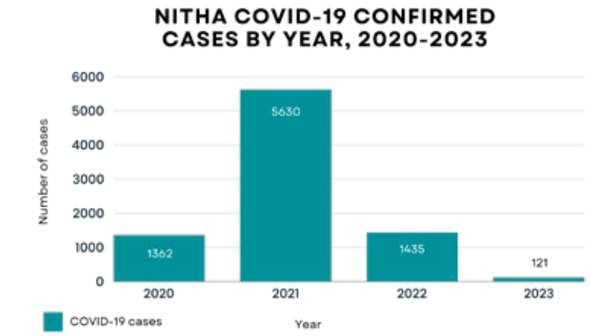


Figure 2: COVID-19 confirmed cases by calendar year, 2020-2023

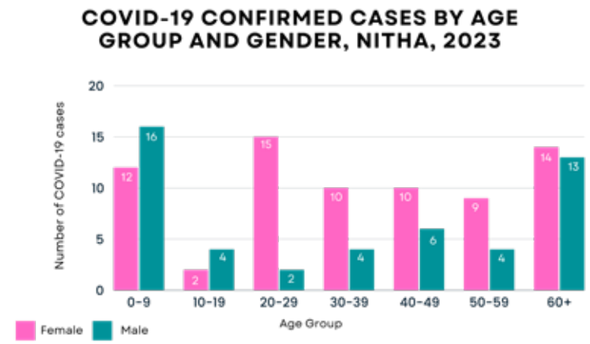


Figure 3: COVID-19 confirmed cases by age group and gender, NITHA, 2023

In the seasonal influenza cases data, females and males across different age groups were affected. The highest number of cases occurred in the 0-4 age group (65 cases), followed by the 5-11 age group (46 cases). Overall, females exhibited slightly higher case counts (158 cases) than males (101 cases). The data highlights age and gender disparities in influenza susceptibility **(Figure 4)**. potential public health concerns warranting further investigation and intervention **(Figure 5)**.

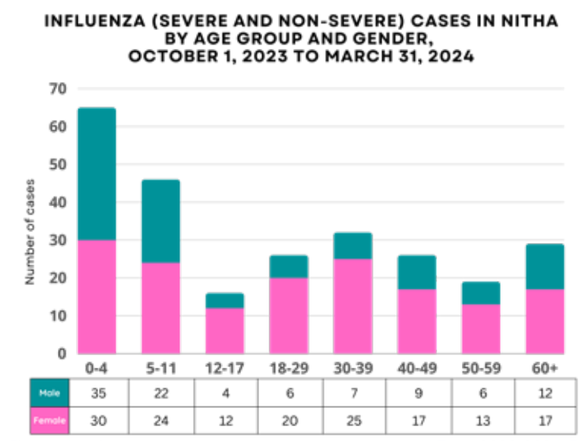
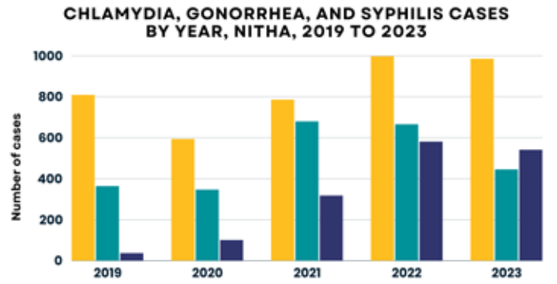
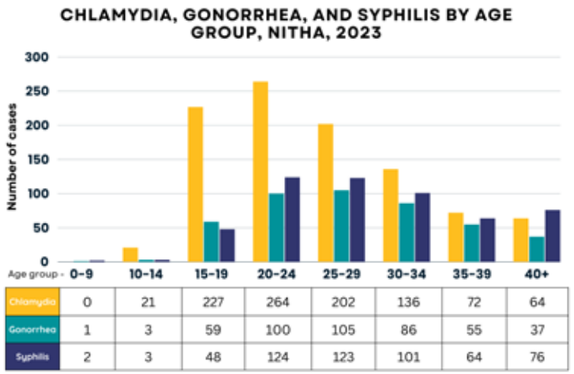


Figure 4: Influenza cases by gender and age group, NITHA, 2023-2024 Flu season



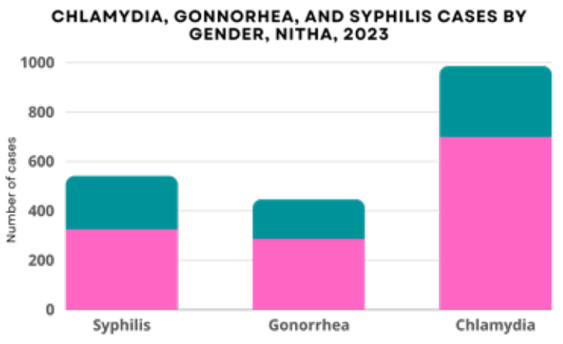
	2019	2020	2021	2022	2023
Chlamydia	809	594	786	998	986
Gonorrhea	364	347	680	666	446
Syphilis	37	101	318	446	541

Figure 5: Select STI cases by year, NITHA, 2019-2023



Age group	0-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
Chlamydia	0	21	227	264	202	136	72	64
Gonorrhea	1	3	59	100	105	86	55	37
Syphilis	2	3	48	124	123	101	64	76

Figure 6: Select STI cases by age group, NITHA, 2023



	Syphilis	Gonorrhea	Chlamydia
Male	216	160	287
Female	325	286	699

Figure 7: Select STI cases by gender, NITHA, 2023

Chlamydia and Gonorrhea: From 2019 to 2023, Chlamydia cases fluctuated, peaking in 2022 at 998, while Gonorrhea cases remained relatively stable. Syphilis cases surged from 37 in 2019 to 541 in 2023. Overall, there were notable increases in Syphilis and Chlamydia cases, signaling potential public health concerns warranting further investigation and intervention **(Figure 5)**.

The epidemiological summary indicates varying prevalence rates of Chlamydia, Gonorrhea, and Syphilis across different age groups. Chlamydia shows the highest prevalence in the 15-19 and 20-24 age groups, while Gonorrhea and Syphilis exhibit similar trends with peaks in the 20-24 and 25-29 age groups **(Figure 6)**.

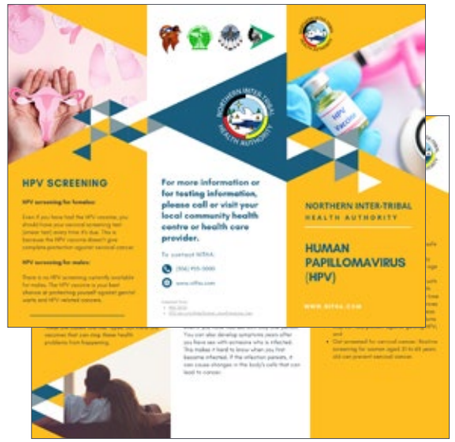
Data shows higher incidence of syphilis among females (325 cases) compared to males (216 cases). Similarly, gonorrhea cases are higher among females (286 cases) than males (160 cases), while chlamydia cases are significantly more prevalent among females (699 cases) compared to males (287 cases) **(Figure 7)**.

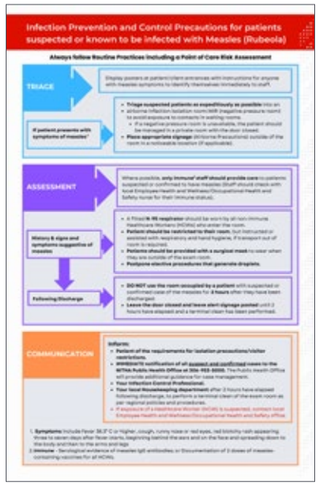
Challenges

1. As in past years, understaffed clinics / health centers remain a concern. This impacts the timely follow-up of CD cases/contacts. Completion of CD cases/contacts follow-up is also impacted.
2. Hard to locate cases/contacts is also a challenge. Addresses, contact / other leading information must be completed for a prompt follow up. Missing any of this information will affect the amount of time it takes to notify any clients/contacts.
3. There is an increasing number of late latent syphilis cases. More effort is needed to get cases / contacts treated and followed up.

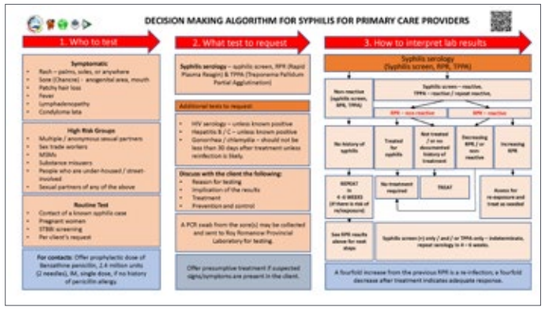
Priorities for 2024/25

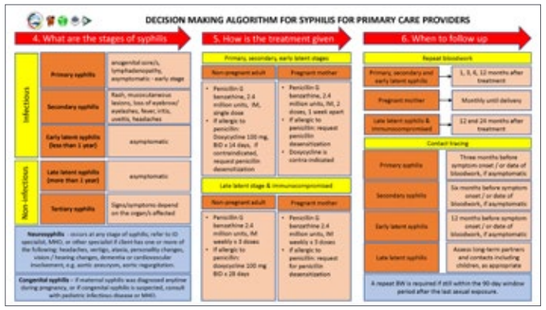
As in previous years, maintaining high quality data through the provincial Panorama IOM application and providing support to NITHA Partners in CD prevention and control remain the main priorities of the NITHA CD program. The CD program will continue to strengthen existing relationships and will focus on establishing new Partnerships with other stakeholders in CD prevention and control.





CDC social media posts, online quizzes, algorithms, pamplets, presentations, case management tools, alerts, and posters:





HIV

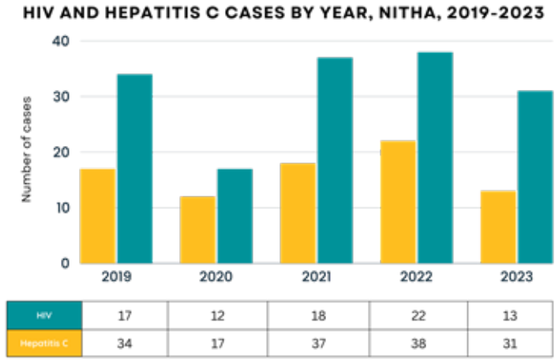
The HIV Program works collaboratively with communities and other stakeholders (internal/external) to effectively implement strategies to support HIV and Hepatitis C work. The strategic areas are:

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

The HIV Coordinator works towards collaborating with other provincial HIV strategy coordinators and external stakeholders to achieve the 95- 95 -95 target in all NITHA communities.

Accomplishments

1. Attended provincial meetings with Saskatchewan Health Authority (SHA) and Indigenous Services Canada (ISC) involving HIV/Hepatitis C information & updates.
2. Promoted HIV awareness and education in English, Cree and Dene, using ads on MBC radio for National HIV Testing Day, Indigenous AIDS Awareness Week and World AIDS Day.
3. Hosted an HIV online quiz on NITHA's Facebook page with 1st, 2nd, and 3rd place prizes for participants for National HIV Testing Day, Indigenous AIDS Awareness Week and World AIDS Day.
4. "Take your best shot" Youth Video Contest with Cumberland House, Prince Albert Grand Council (PAGC) and SHA. The two (2) winners and their video entries are found on the NITHA website.
5. Shared HIV/Hepatitis C education resources with Partners using the NITHA website, NITHA Facebook page and via email.
6. Supported the Partners with incentives whenever requested for testing events and health fairs.
7. Promptly sent out Naloxone kits and condoms on request.
8. Organized the NITHA HIV Working Group quarterly meetings (1 in person, 3 virtual).
9. Organized the NITHA Sexually Transmitted and Blood Borne Infections (STBBIs) Conference on Feb 21st & 22nd in Prince Albert with 60 participants in attendance.
10. In the fall of 2023, planning for the 2024 "Know Your Status" Conference that will be hosted by NITHA on October 16 & 17, 2024 began. The planning involves NITHA Partners from the HIV working group as well as ISC, SHA and other tribal councils from Southern Saskatchewan. This conference will focus on harm reduction, HIV, and other STBBIs. It will also provide health care workers the opportunity for education as well as networking with both internal/external stakeholders.
11. Education was provided to NITHA Partner communities on the following topics: STBBI's, Healthy Relationships/Consent, Harm Reduction, DBS training, HIV 101, Naloxone and Opioids 101.
12. Refresher training for Dry Blood Spot Collection (DBS) was offered in-person to 3 communities in fall of 2023; 41 health care workers participated.
13. Offered HIV Self-testing kits to communities and developed work standards and education session with ISC as well.
14. Supported 11 testing events (assisted with DBS and phlebotomy, STBBI treatment and client education/counselling for patients and community members).
15. Attended 4 conferences/gatherings on HIV/STBBI information: CAHR, Waniska, Nipawin SHA Harm Reduction Conference and the ISC Regional Nurses Meeting. These education opportunities provided networking and insight that benefits the HIV Strategy role as well as increases the flow of information shared with the NITHA HIV Working Group.
16. Collaborated with the NITHA communications officer to develop two new logos; "love is love" as well as "harm reduction is love". These were used for incentive items and a photo backdrop for conferences and booth setup at community events.
17. After a successful social media campaign that was supported by NITHA communications officer, a peer agreed to assist with HIV projects and participate in the NITHA HIV working group meetings. This peer is agreeable to making education/ awareness materials that can be shared with NITHA Partners for their use.



	2019	2020	2021	2022	2023
HIV	17	12	18	22	13
Hepatitis C	34	17	37	38	31

Figure 8: HIV and Hepatitis C by year, NITHA, 2019-2023

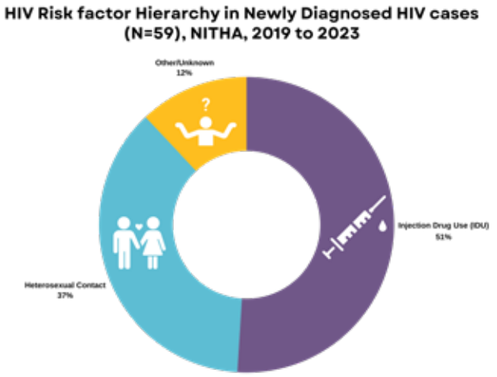
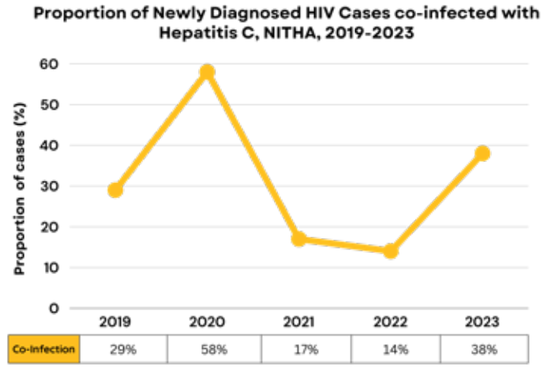


Figure 9: Proportion of newly diagnosed HIV cases based PHAC exposure hierarchy, NITHA, 2019-2023



	2019	2020	2021	2022	2023
Co-Infection	29%	58%	17%	14%	38%

Figure 10: HIV-Hepatitis C co-infections by year, NITHA, 2019-2023

HIV/ Hepatitis C Program

From 2019 to 2023, HIV and Hepatitis C cases showed fluctuations. HIV cases ranged from 12 to 22, while Hepatitis C cases varied from 17 to 38. The highest HIV case count was in 2022, while Hepatitis C peaked in 2022 as well **(Figure 8)**.

The epidemiological summary indicates that among HIV risk factors, injection drug use (IDU) accounts for 51% of cases, followed by heterosexual contact at 37%. The category of other/unknown factors represents 12% of cases. This breakdown provides insight into the primary modes of HIV transmission, aiding in targeted prevention and intervention strategies **(Figure 9)**.

The HIV-Hepatitis C (HCV) co-infection rates fluctuated over the years, with 2020 exhibiting the highest incidence at 58%. However, the rates declined notably in 2021 and 2022 to 17% and 14%, respectively, before rising again to 38% in 2023 **(Figure 10)**.

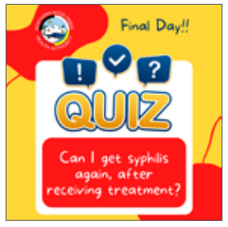
Challenges

The follow up of HIV and Hepatitis C clients remains a challenge in Partner communities. This impacts data gathering and analysis. The sometimes-transient nature of clients makes it difficult for community nurses to follow up with their care and complete the necessary contact notification forms. In addition, there is often a high turnover of nursing staff in community which will also impact follow up. To address some of these challenges it would be recommended to: 1) Increase HIV/Hepatitis C education and testing in communities. 2) The dedication of staff for HIV & Hepatitis C work would ensure capacity to accomplish appropriate case management. 3) Include peer engagement in HIV case management with both peer support programs and peer led programs.

Priorities for 2024/25

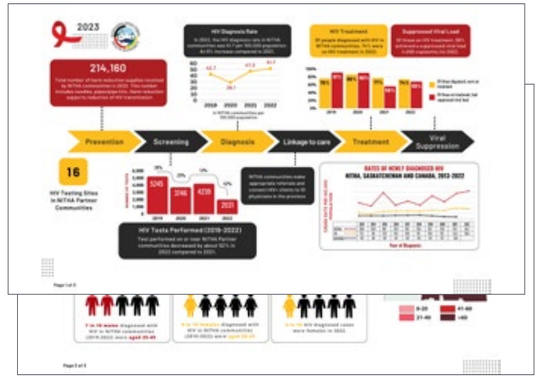
1. The HIV Coordinator will continue to support and collaborate with the Partners to achieve goals of reducing the rates of HIV and Hepatitis C.
2. Liaise for NITHA at provincial meetings to ensure culturally appropriate programs are implemented.
3. Continue to search out and share information/education opportunities for Partner health care professionals to increase their competency and understanding of STBBI work for First Nations Communities.
4. Supporting nurses with the completion of contact notification forms in order to improve the quality of data collected.

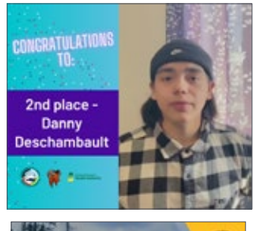
Social media posts, online quizzes, contests, presentations, annual reporting, logo development, conference awareness and posters:

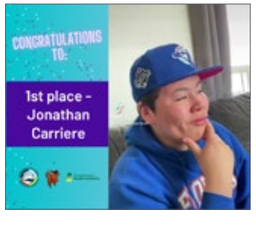


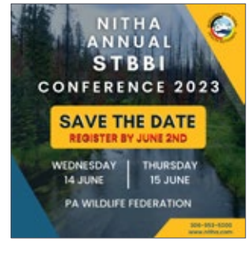
KNOW YOUR STATUS

LOVE IS LOVE







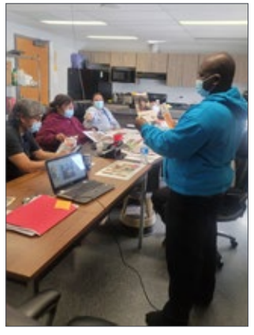


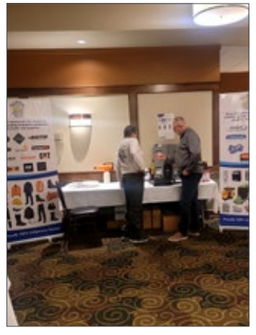
Infection Prevention Control

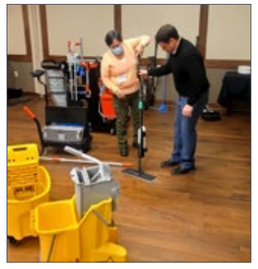
The Infection Prevention and Control (IPC) program supports infection prevention and control activities in the Partnership through the development of policies and procedures, promotion of routine practices and additional precautions, provision of training and education to healthcare providers, provision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

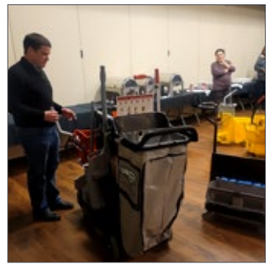
Accomplishments

1. Provided models of care by collaborating with the Communication Officer to develop infection control posters, factsheets, and hand hygiene stickers. Also, personal protective equipment was provided to health centres, clinics, and nursing stations based on requests to promote routine practices.
2. Promoted capacity building by collaborating with the Environmental Public Health Officers in the Partnership, and ISC to train environmental services staff in schools and clinics by organizing two sessions of the Janitorial workshop. Three cleaning companies (Enviroway, Kleen Bee, and Kleen All Janitorial Supplies) delivered presentations and training during both sessions of the workshops.
   - Session 1 took place on February 27 & 28, 2024. Forty (40) environmental services staff attended.
   - Session 2 took place on March 12 & 13, 2024. Thirty-three (33) environmental services attended.









3. Promoted engagement and communication with the Partners and independent communities by organizing and facilitating quarterly IPC working group meetings. The ICA utilized the weekly IPC updates to provide information on IPC best practices, research, guidelines, standards, and procedures. In addition, promoted community engagement by using the NITHA Facebook page to educate and engage the community members during the 2023 National Infection Control Week.
4. Visited fifteen (15) clinics/health centres to promote infection control practices by providing infection control support and education with practical demonstrations of the proper steps for performing hand hygiene and donning or doffing of personal protective equipment. The ICA also conducted hand hygiene audit training for hand hygiene auditors. After each visit, the ICA sent feedback on the area of improvement to the nurse-in-charge and the infection control working group member representing each community.

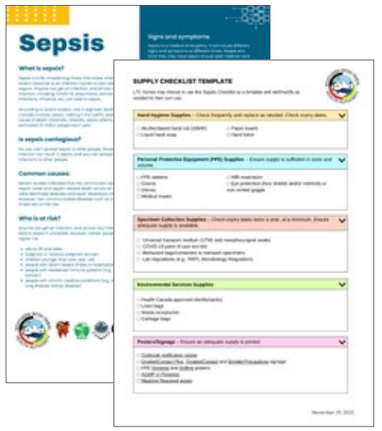
Challenges

Some of the working group members were unable to attend the quarterly meetings. This could be due to staff turnover in the Partnership. It would be recommended to designate an alternate to attend the quarterly meetings so that there is always Partner representation from all four Partners at all the meetings.

Priorities for 2024/25

1. Prevention of Healthcare-Associated Infections (HAI).
2. Enhanced flow of infection control information and resources.
3. Availability of hand hygiene auditors and audit results.

Social media posts, workshop awareness, stickers and posters:



Public Health Nursing

The Public Health Nurse (PHN) provides 3rd-level support in disease prevention, health surveillance, health education, and emergency response. The PHN collaborates with the Partners to provide ongoing health program assessments, nursing education, evaluation, and updates. PHN programs are based on professional standards and competencies to ensure inclusive, safe, and quality healthcare for all NITHA Partnership communities and members. The PHN oversees the immunization program, including infant, preschool age, influenza, special populations, and the COVID-19 vaccine.

The PHN program provides planning, coordination, and evaluation of Public Health Nursing. The PHN promotes best practice initiatives for all ages, from infants to older people, and all populations in between, focusing on vaccination programs, services, and support. The NITHA immunization program supports community efforts to mitigate Vaccine-Preventable Diseases (VPDs) that could potentially result in severe client complications, outbreaks, and mortality. Collaboration with Partners, Communities, Health Professionals, and External Organizations is a fundamental aspect of the role of the PHN.

Accomplishments

1. The NITHA childhood Immunization coverage rates (CICRs) for 2023 were as follows (see Figure 13):
   - 81% in the 1-year-old age cohort (1% decrease from 2022),
   - 75% in the 2-year-old age cohort (1% increase from 2022), and;
   - 90% in the 7-year age cohort (1% increase from 2022).

   These numbers, along with the immunization target markers for pertussis by 91 days of age at 73% and 5-year-old Measles, Mumps, and Rubella at 91%, are a testament to the hard work and dedication of our team and our Partners. We're making a difference, and that's something to be proud of.
2. Recognition awards, a testament to our collective achievements, are presented annually to the Partner communities that achieve a 90% or higher target for the 1-year age cohort. Sixty-one percent of communities (14 of 23) within the NITHA Partnerships had achieved this goal for 2023. Our focus, our commitment, is on our most vulnerable infants (1 year old) to receive on-time immunization for their earliest and best protection.
3. The 2023 National Immunization Week theme was : "Protect your future. Get immunized!", using hashtag #VaccinesWork. Information and resources were sent to all Public Health Nurses within the NITHA Partnership.
4. Seasonal Influenza program (see Figure 12).
5. NITHA continued its COVID-19 prevention work with the provision of the COVID-19 vaccine to our high-risk populations and by Partner request. In addition, Fall campaigns were carried out for our high-risk populations. Partners can expect updates on the latest COVID-19 campaigns as recommended.
6. Cold Chain Breaks: Vaccine procurement is coordinated per NITHA, following the national vaccine storage and handling guidelines to ensure proper handling and storage of vaccines. In 2023, NITHA procured $75,000 plus of vaccines for our communities. Overall, Partner communities had 8 Cold Chain Breaks.
7. In 2023, 131 immunization exams were reviewed, and feedback was provided as appropriate.

COVID -19 Vaccinations: The epidemiological summary shows a decline in total COVID-19 vaccine doses administered over three years. In 2021, 62,464 doses were administered, followed by 11,344 in 2022, and a further decrease to 3,338 in 2023 **(Figure 11**).

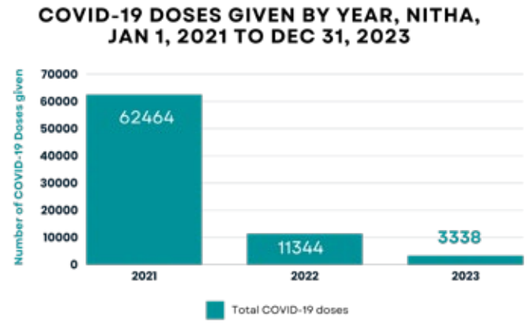


Figure 11: COVID-19 Doses given by Age group, NITHA, 2023

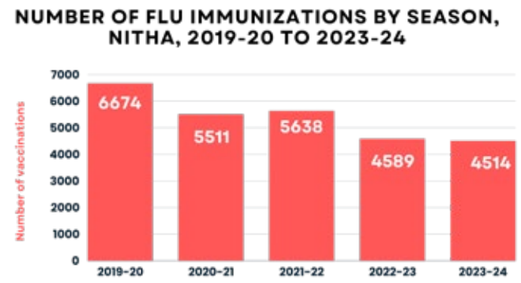
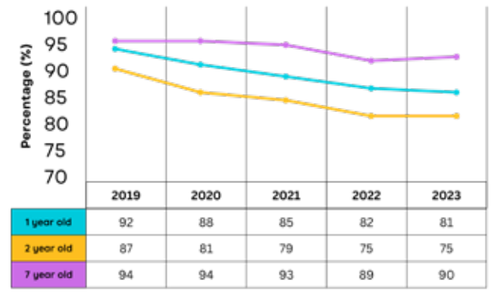


Figure 12: Influenza Immunization by Flu season, NITHA, 2019-20 to 2023-24

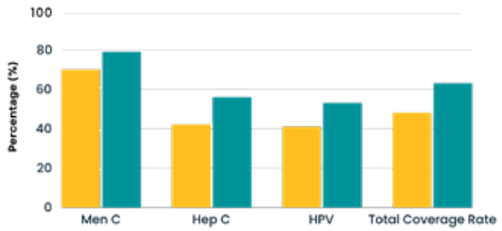
Figure 13: Average Childhood Immunization Coverage Rates by year, NITHA, 2019-2023



	2019	2020	2021	2022	2023
1 year old	92	88	85	82	81
2 year old	87	81	79	75	75
7 year old	94	94	93	89	90

Figure 13: Average Childhood Immunization Coverage Rates by year, NITHA, 2019-2023

GRADE SIX SCHOOL AGE IMMUNIZATION COVERAGE RATES BY VACCINE TYPE, NITHA, 2021-22 TO 2022-23



	Men C	Hep C	HPV	Total Coverage Rate
2021-22	70%	42%	41%	48%
2022-23	79%	56%	53%	63%

Figure 14: Grade Six School Age Immunization Coverage Rates by Vaccine type, NITHA, 2021-22 to 2022-23

Flu Vaccination: During the flu seasons from 2019-2020 to 2023-2024, flu vaccine administrations showed variability, with the highest uptake recorded in 2019-2020 (6674) and a gradual decline in subsequent years **(Figure 12).**

Childhood immunization Coverage:

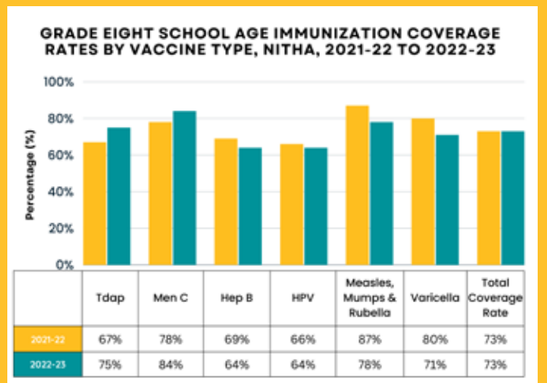
Overall, there is a noticeable decline in immunization coverage rates over the five-year period, particularly for 1-year-olds (92% in 2019 to 81% in 2023) and 2-year-olds (87% in 2019 to 75% in 2023). However, the coverage rate for 7-year-olds (94% in 2019 to 90% in 2023) remained relatively stable with a slight decrease. Between 2022 and 2023, the rates are generally stable with a minor increase for 7-year-olds (Figure 13).

School Age Immunization Coverage:

Grade 6: The immunization coverage rates for Grade 6 students improved from the 2021-22 to the 2022-23 school year. Men C coverage increased from 70% to 79%, showing a 9% rise. Hep B coverage rose from 42% to 56%, indicating a 14% increase. HPV coverage went up from 41% to 53%, reflecting a 12% improvement. Overall, the total coverage rate grew from 48% to 63%, a notable 15% increase (Figure 14).

8TH GRADE

The school-age immunization coverage rates for Grade 8 students show year-on-year variations between 2021-22 and 2022-23. Tdap coverage increased from 67% to 75%, and Men C coverage rose from 78% to 84%. Hep B and HPV coverage rates slightly declined from 69% to 64% and from 66% to 64%, respectively. Measles, Mumps, and Rubella coverage decreased from 87% to 78%, and Varicella coverage dropped from 80% to 71%. The overall total coverage rate remained consistent at 73% across both years (Figure 15).



	Tdap	Men C	Hep B	HPV	Measles, Mumps & Rubella	Varicella	Total Coverage Rate
2021-22	67%	78%	69%	66%	87%	80%	73%
2022-23	75%	84%	64%	64%	78%	71%	73%

Figure 15: Grade Eight School Age Immunization Coverage Rates by Vaccine type, NITHA, 2021-22 to 2022-23

Challenges

Decreased immunization coverage rates for all age groups remains a challenge, particularly there has been an overall drop in the childhood and school-age immunization rates observed in previous years, this continues to be ongoing. Nursing staff turnover and shortages in the Partnership continues to have an impact on these rates. Dedicated HCWs to the immunization program will help in concentrating on improving the immunization coverage rates for all age groups and focusing on our most vulnerable populations.

Priorities for 2024/25

1. Focus on improving Childhood Immunization initiatives to increase immunization rates through education on the safety of vaccine programs.
2. Monthly PHN meetings will continue to be a priority. These meetings have been implemented per the Partners' request to improve communication efforts with our frontline nurses. These meetings provide opportunities to share updates on best practice initiatives, vaccine updates, as well as, education opportunities. NITHA PHN will utilize this platform to continuously assess the health needs of the communities and Partnerships.
3. Maternal-Child Health: Focusing on best practice initiatives and resources will remain a priority this year. The PHN will prepare culturally relevant education material for community health care workers.
4. The HPV improvement project will take place this year in collaboration with the University of Saskatchewan and the Canadian Partnership Against Cancer (CPAC). The project will pilot two Partner communities to assess areas of improvement and implement strategies to improve HPV vaccine coverage for eligible cohorts.
5. Support MLTC's project to restore midwifery and traditional birthing practices
6. To create and implement a PHN orientation manual for all new PHNs hired within the NITHA Partnership.

Environmental Health

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

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

Accomplishments

1. Co-hosted 2 water sampler training sessions with Roy Romanow Provincial Laboratory (RRPL) and the Public Health Agency of Canada (PHAC) for the COVID-19 Wastewater Surveillance Project.
2. Coordinated an animal bite campaign put together for the Partnership. The campaign entailed a photo contest titled "Pets as family members", animal bite reduction messages on MBC and animal bite posters with key messages in English, Cree and Dene.
3. Requested to ISC community supports for animal health, food safety videos and OH&S resources.
4. Participated in the planning for the NITHA Janitorial Training Workshop.
5. Approved changes to animal bite protocol with the Medical Health Officer (MHO) and informed CHN's
6. Coordinated multiple Facebook posts on a variety of topics: Rabies, Avian Flu, Food related Illness in Canada, FSIN Food Security Forum and EPHO week etc.

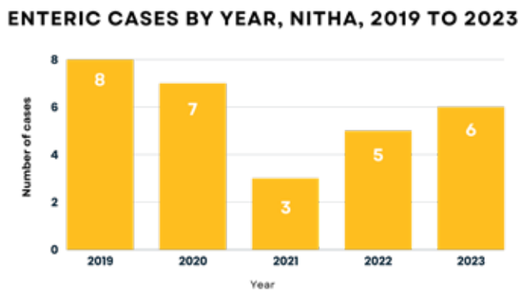


Figure 16: Trends of enteric cases in NITHA communities, calendar 2019-2023

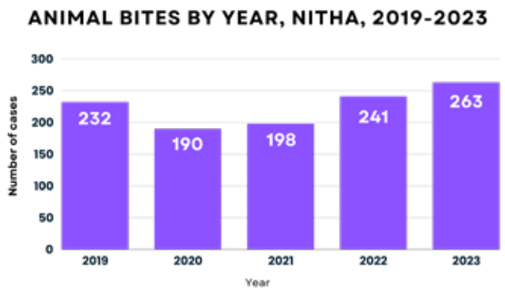


Figure 17: Trends of reported animal bites in NITHA Communities, 2019-2023

Enteric infections:

From 2019 to 2023, the number of enteric cases fluctuated, with a peak of 8 cases in 2019 and a low of 3 cases in 2021. The number increased slightly in 2022 to 5 cases and then to 6 cases in 2023 **(Figure 16)**.

Animal Bites:

Between 2019 and 2023, the number of reported animal bites in the NITHA region increased steadily from 232 in 2019 to 263 in 2023. While there was a slight decrease in 2020, the trend generally rose over the years, with a peak in 2023 **(Figure 17)**.

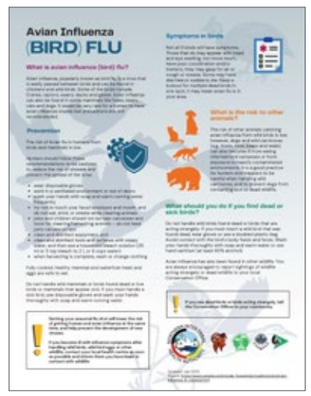
Challenges

With the number of dogs bites that we see each year in community, there is a need to reduce dog bites and to increase pet owner's responsibility within the Partnership. Having a Bylaw is considered the gold standard for communities; however, enforcement of bylaws is not supported financially and those communities without bylaws don't have community champions to support having one. We will continue to advocate for long term funding to support animal control bylaws (including enforcement) or ownership expectations as these are key for animal control.

Priorities for 2024/25

1. Promote ongoing, long-term funding for Dog Population Management in Communities including appropriate training and infrastructure.

Social media posts, workshop awareness, stickers and posters:



Health Promotion

The overall goal of the NITHA Health Promotion program is to provide comprehensive support to the NITHA Partners in the area of health promotion by developing strategies, and teaching/supporting Partners to deliver programs and services at the community level.

Accomplishments

1. Researched and drafted content for the NITHA animal bites newsletter.
2. Collaborated with the NITHA Communication Officer to develop and distribute a fact sheet and a poster on bike safety.
3. Researched on the following topics: suicide prevention, sepsis, youth wellness, drug overdose, infection control, infectious diseases such as influenza and COVID-19, rabies and animal bites. This information was used to develop radio ads that were aired on MBC Radio in English, Cree and Dene.
4. Developed and posted messaging on the Northern Healthy Communities Partnership (NHCP) Facebook page and website on various health topics such as, healthy eating, physical activity, positive youth health, tobacco cessation and childhood literacy.
5. Attended the Provincial Population Health Promotion and Injury Prevention Working Group Meeting. Update was provided on the NITHA HPA portfolio and acquired resources were used in the NITHA Partnership.
6. Attended the MLTC Career fair and engaged youth on potential health related careers. Approximately 250 youth from the MLTC, Fond du lac, and Black Lake communities visited the NITHA booth.
7. Presented on physical activity as per request of the PAGC Health Promotion Coordinator to a community within PAGC.
8. Distributed posters on drinking guidelines to the NITHA Partnership in conjunction with the Prince Albert Community Alcohol Strategy Steering Committee.

Challenges

One challenge faced in Health Promotion was the timely distribution of health promotion material to the NITHA Partnership. This was due to not having a consistent point of contact for Health Promotion in the Partnership due to the disbandment of the Health Promotion Working Group. Staff turnover both at NITHA and the Partners also contributed to delay in distribution of health promotion resources. Re-establishment of the NITHA Health Promotion Working group will ease communication and health promotion material distribution to the Partnership.

Priorities for 2024/25

The Health Promotion Advisor's (HPA) focus for 2023-2024 will be to develop health promotional materials that correspond with the monthly health promotional themes observed by the NITHA Partnership. The HPA will also continue to support the Partners health promotion needs as requested.

Tuberculosis

The Tuberculosis (TB) program maintains an ongoing, robust Partnership with TB prevention and control initiatives in various communities, prioritizing prompt and comprehensive service delivery and screening of TB. The NITHA TB program offers guidance, educational resources, and frontline assistance to community TB programs as required. Additionally, TB nurses conduct orientation, education, and support sessions for Community Health Nurses (CHNs) and TB Program Workers (TBPWs) to guarantee the provision of proficient and secure TB care to clients.

Following the discontinuation of pediatric screening program with tuberculin skin test in NITHA communities in February 2019, we continue to focus on comprehensive contact tracing investigation, and prompt initiation of preventative therapy among children identified as LTBI. In 2023, there was an additional outbreak declaration which meant NITHA had 4 TB outbreaks and 45 diagnoses of active TB throughout our Partnership.

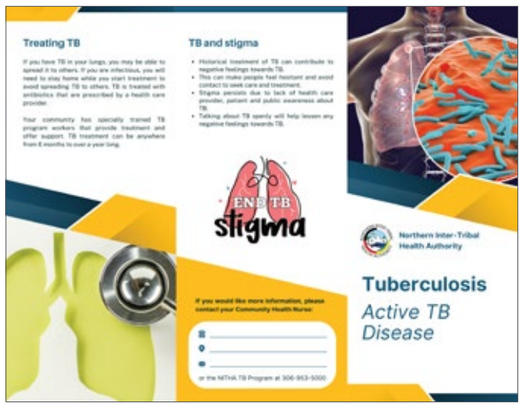
Accomplishments

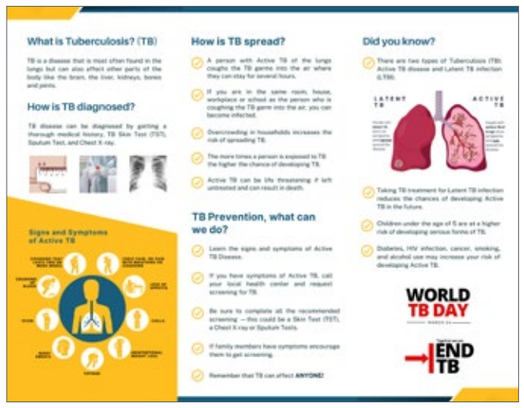
1. The TB Nurses made 62 visits (242 days) to communities throughout the Partnership. The TB Nurses completed over 324 Tuberculin Skin Tests.
2. NITHA TB Program completed orientation and training to 21 CHN's and 16 TBPWs throughout the Partnership.
3. The NITHA TB Advisor contributed to the organization and coordination of the following:
   - Annual TBPW Education Days, held on September 21st and 22nd, 2023, with 15 TBPWs from NITHA Partner communities participating.
   - The 4th annual CHN's TB Workshop occurred from January 30th to February 1st, 2024, with the attendance of 17 CHNs from NITHA Partner communities.
4. The x-ray technologists contracted through NITHA successfully conducted 507 x-ray procedures.
5. On May 8th 2023, the TB Advisor was selected as a panelist and represented Canadian Civil Society at the Multi-Stakeholder hearing in preparation for the High-Level Meeting on Tuberculosis at the United Nation's Head Quarters in New York. She spoke to her personal and professional experience with TB and advocated for governments to step up their efforts with TB elimination.
6. As of March 31st 2024, three (3) out of four (4) TB outbreaks have been rescinded. We could not have achieved this without the support of NITHA Partner's leadership, TB Nurses, TBPWs, community members, TB Prevention and control (TBPC) and Indigenous Service Canada (ISC). Their dedication to providing essential care and tireless commitment to serving our communities with compassion during the challenging outbreaks has not gone unnoticed and we are profoundly grateful.

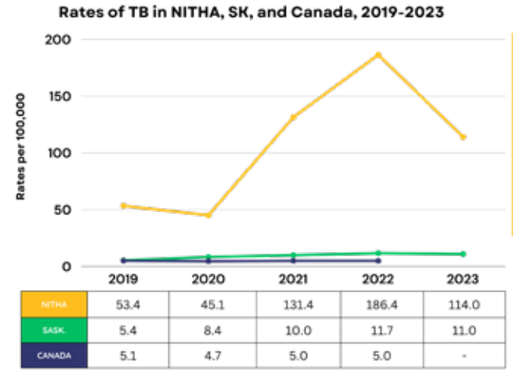
Challenges

Navigating the complexities of TB care in Indigenous communities presents formidable obstacles, including high turnover rates among TBPWs due to burnout and inadequate support structures within community health centers. The demanding nature of TB care, compounded by the heightened trauma experiences of First Nation, Inuit, and Metis TBPWs, underscores the urgent need for comprehensive support systems and mental wellness resources to mitigate burnout and foster resilience within the workforce. To address these challenges effectively, it's imperative to prioritize collaborative efforts among stakeholders, including community leaders and healthcare teams, to destigmatize TB programs and provide holistic support for TBPWs. Additionally, implementing sustainable solutions such as employing TBPWs through the community's health departments can enhance job satisfaction and alleviate strain on resources, ultimately improving patient care and program outcomes.

Pamphlet and social media posts:







	2019	2020	2021	2022	2023
NITHA	53.4	45.1	131.4	186.4	114.0
SASK.	5.4	8.4	10.0	11.7	11.0
CANADA	5.1	4.7	5.0	5.0	-

Figure 18: Rates of Active TB in NITHA, SK, and Canada by calendar year, 2019-2023

From 2019 to 2023, tuberculosis (TB) rates varied across NITHA, Saskatchewan (SK), and Canada. NITHA consistently had higher rates, peaking at 186.4 in 2022. SK and Canada maintained relatively lower rates. In 2023, NITHA saw a decrease to 114, while SK and Canada remained stable **(Figure 18)**.

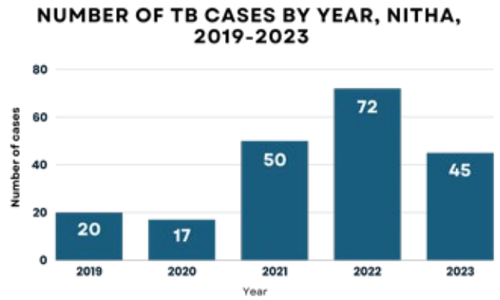


Figure 19: Number of TB case by calendar year, 2019-2023

Between 2019 and 2023, tuberculosis (TB) cases fluctuated in the NITHA communities. Starting at 20 cases in 2019, there was a slight decrease to 17 cases in 2020, followed by a notable increase to 50 cases in 2021. The trend continued with a peak of 72 cases in 2022, then decreased to 45 cases in 2023. **(Figure 19)**.

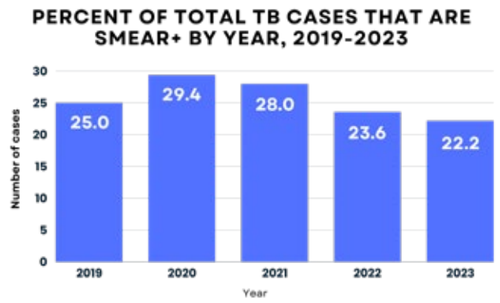


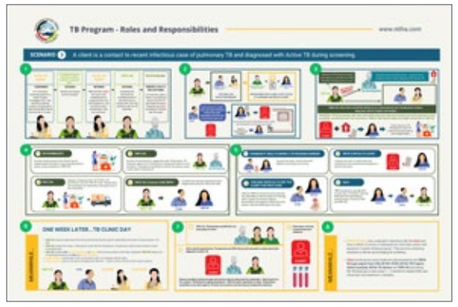
Figure 20: Percentage of TB cases that are smear-positive by year, 2019-2023

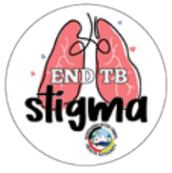
The percentage of smear-positive active TB cases showed variability from 2019 to 2023. Starting at 25.0% in 2019, it increased to 29.4% in 2020, then slightly decreased to 28.0% in 2021. The percentage further declined to 23.6% in 2022 and reached its lowest at 22.2% in 2023, indicating a downward trend in smear-positive TB cases **(Figure 20)**.

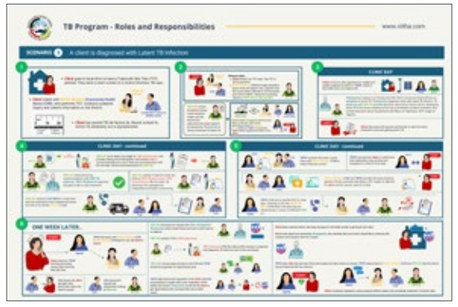
Priorities for 2024/25

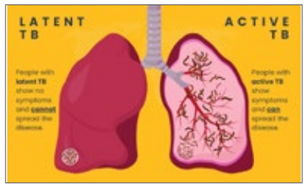
1. Community Management and Leadership Education: Emphasize the ongoing need for community management, leadership, and health care team education regarding roles, responsibilities, and the importance of collaboration in Tuberculosis (TB) programming. Highlight efforts to ensure that all stakeholders understand their roles in TB prevention and treatment, fostering a culture of collaboration and shared responsibility.
2. Enhancing Communication and Partnership: Highlight the importance of open communication within the Partnership to sustain TB program success promoting efficiency and effectiveness in service delivery.
3. Priority Contact Investigation and Screening: With the collaboration of TBPC and other stakeholders, ensuring high-risk screening is conducted promptly with immediate treatment. Emphasize the significance of timely screening in reducing the potential for TB transmission and the diagnosis of advanced disease, particularly among vulnerable populations such as children, the elderly, and immunocompromised individuals.

Pamphelts, presentations, social media posts, and posters:









Epidemiology

The NITHA Epidemiology Program continues to be at the forefront of public health initiatives, ensuring data integrity, enhancing surveillance, and fostering collaborative efforts with various stakeholders including the Public Health Agency of Canada (PHAC), Indigenous Services Canada (ISC), Saskatchewan Cancer Agency (SCA), University of Saskatchewan, Ministry of Health (MOH) and Saskatchewan Health Authority (SHA). Our program is dedicated to improving health outcomes for the northern SK First Nations living on the reserve by providing timely accurate data, insightful analysis, and effective communication with NITHA Partners.

Accomplishments

1. Data Management and Quality Improvement: Performed regular data updates, cleaning, and quality checks were performed to uphold the integrity of NITHA data.
2. Collaborative Engagements: Partnered with ISC, MOH, SHA epidemiologists, and digital health teams to address specific data needs for SK First Nations.
3. Analysis of Health Data: Actively contributed to the analysis of COVID-19, seasonal influenza, and vaccine data to understand and manage health challenges.
4. Enhanced Data Collection: Updated data collection templates for cases, vaccines, and school absenteeism for the 2023-24 influenza season.
5. Comprehensive Surveillance: Engaged in surveillance of notifiable diseases, routine vaccines, and animal bites.
6. Insightful Reporting: Developed and distributed routine, outbreak-specific, and quarterly reports, contributing to transparency and effective communication.
7. Research Contributions: Prepared and submitted two conference abstracts, highlighting our research on pediatric TB and hepatitis trends in northern SK FN communities.

Data Management and Quality Improvement

Collaborative Engagements

Comprehensive Surveillance

8. Health Status Reports: Worked on health status reports for NITHA, ISC-NITHA, and SHA Northern population health.
9. Active Participation: Attended provincial integrated EPI meetings and various working groups, including Health Data Technical Working Team, Syphilis Epi Working Group and Communicable Disease Working Group.
10. Effective Communication: Provided epidemiological support for TB and STBBI infographics, MHO letters, and presentations.
11. Proactive Collaboration: Collaborated with provincial labs and epidemiologists from ISC and SHA Northern Population Health for testing numbers and surveillance.
12. Skill Development: Participated in the First Nations Information Governance Centre Data Gathering, FSIN Data Sovereignty, and a TB Program Worker Workshop. Also, participated in webinars covering topics such as syphilis, Indigenous healthcare, and congenital syphilis.
13. Conferences: Attended conferences like the Saskatchewan Epidemiology Association conference, NITHA STBBI conference, and the Biennial Canadian Society for Epidemiology and Biostatistics (CSEB) Conference, presenting on diverse epidemiological subjects.
14. Mentorship: Provided guidance and support to HIM and MPH practicum students.

Challenges

The Epidemiology and Surveillance Program face the following challenges: Inconsistent data reporting from some communities has created gaps in our surveillance efforts, affecting the accuracy of health trend analysis; Communities faced constraints in staffing, limiting our ability to expand our programs and services as needed, and; insufficient resources to support comprehensive research and program evaluation. Staff turnover and staff shortage both at NITHA and in the Partnership impacts the completion of notification forms, which subsequently affects the quality of data available for analysis. It would be recommended to additional and/or dedicated staff for the CD program to ensure data is entered in a timely manner.

Priorities for 2024/25

1. Enhancing Data Quality: Continue to improve data collection and management processes to ensure high-quality, reliable data.
2. Strengthening Collaborations: Foster stronger Partnerships with ISC, MOH, SHA, and other stakeholders to address public health challenges effectively.
3. Capacity Building: Provide ongoing training support for NITHA staff and Partner communities to enhance their epidemiological skills and knowledge.
4. Expanding Research Initiatives: Secure funding for research projects and contribute to scientific knowledge through conference presentations and publications.

Technical Notes:

- The data provided only includes cases classified as CONFIRMED by public health authorities and recorded in Panorama.
- It's important to recognize that uniform reporting is ensured through surveillance case definitions based on the Communicable Disease Manual (CDC), facilitating comparability of surveillance data.
- Case counts are determined by the date of reporting rather than the date of specimen collection.
- Panorama is a dynamic reporting system that allows for ongoing updates to previously entered data. Consequently, data extracted from Panorama represent a snapshot at the time of extraction and may differ from earlier or subsequent reports due to improved surveillance efforts, quarterly data cleaning, and delayed reporting.

Cancer Control Project

Cancer continues to be a significant burden in First Nations communities within NITHA, but despite a growing burden, there remain challenges accessing culturally appropriate and quality cancer care. The Cancer project objective is to evaluate the cancer burden in NITHA communities with four areas of focus:

1. Education and prevention,
2. Early detection,
3. Improved patient experience, and;
4. Enhanced surveillance.

Recognizing that many cancers are treatable when detected early, this initiative will promote early cancer screening programs for community members. This project overall aims to increase education and awareness about cancers, promote healthy living and risk reduction.

Our baseline work done during Phase-1 provided an understanding, from a community perspective, the unique cancer care needs of First Nations cancer patients, families, and the entire community. It called for an inclusive, community driven, sustainable, culturally safe, and holistic cancer care for First Nations in NITHA communities. During this initiative, we have built meaningful Partnerships, everlasting trust and respect, executed many culturally appropriate cancer control programs. We also started the process to collect accurate and complete cancer data by linking registries (Indian registry, Northern Affairs Canada and Saskatchewan Cancer Agency). This linkage will guide us to build a cancer surveillance system and its implementation by evaluating age-standardized cancer incidence and mortality rates in NITHA on-reserve First Nations. Overall, the aim is to reduce cancer incidence significantly over time with the engagement of community champions by creating system-level changes through surveillance, public policy and community programs.

Accomplishments

1. Cancer project community health professionals' engagement session (February 27, 2024, Days Inn, Prince Albert, SK) to discuss cancer-focused priorities in NITHA Partnerships and co-develop project'sphase-2workplan.
2. Developed Cancer project report and one-page info-graphics and disseminated to NITHA Partnership for validation.
3. Received 25 out of 33 community cancer data request approvals from NITHA communities.

Challenges

Due to the holidays and staff vacations, the face-to-face cancer engagement session got originally planned for the fall of 2023 was delayed until February 27, 2024. The session aimed to discuss the cancer-focused priorities in NITHA communities outlining the next phase of the cancer project. The work-plan has been co-created and validated by the community health professionals and in the process of final submission to Canadian Partnership against Cancer (CPAC).

Although we received very positive feedback during the steering committee meeting and engagement sessions, we faced significant time delay obtaining consents for community level cancer data which delayed overall cancer surveillance system development. We will continue reaching out to the community leaderships to obtained remaining cancer data approvals.

Priorities for 2024/25

1. Finalize the Cancer project report (Phase-1) and disseminate through NITHA website
2. Submit research proposal and work plan to Canadian Partnership Against Cancer (CPAC) for next funding cycle.
3. Obtain remaining cancer data request approvals from all NITHA communities.

Community Services Unit

The goal of Community Service Unit (CSU) is to provide clinical and technical health program expertise to the Partners; to anticipate and respond to the challenges and resource opportunities and to build on the accomplishments of the Partners and the organization as a whole. CSU provides support and current knowledge of leading practices in the areas of nursing education/training, capacity development, mental health and addictions, emergency preparedness, nutrition, eHealth/IT. The NITHA organization also engages in special projects aimed to target specific areas throughout the Partnership; currently, those in CSU are tobacco control, EMR and Telehealth which are all funded on a year to year basis.

Community Services Team

The manager of CSU oversees the Aboriginal Health Human Resources Initiative (AHHRI) funding which focuses on responding to the needs of Community Based workers and First Nations Health Managers. Over the past year we supported our Partner staff in attending the First Nations Health Managers Association certification program which consists of 5 courses and a comprehensive final exam. This year we have 4 students (LLRIB: 2, MLTC: 2) who have successfully completed the Course 100. We also have 6 students (LLRIB: 2, PAGC: 1, MLTC: 2, Independents (MLCN): 1) who successfully completed course 200 and 2 students (LLRIB: 1, MLTC: 1) who have successfully completed course 300. We will start a new Cohort in the Fall of 2024.

In addition, this year AHHRI funding provided training for Community Based- Workers in the following: Critical Incident Stress Management (CISM) was held from November 22-24th, 2023 with a total of 19 completed (PAGC: 1/ MLTC: 5, PBCN: 4, LLRIB: 5, Independents (MLCN): 4) and 25 students (PAGC: 5, MLTC: 6, PBCN: 5, LLRIB: 9) also received training in Applied Suicide Intervention Skills training (ASIST) which was held on February 5-6th, 2024.

Colleen Durocher
Manager of Community Services

Carrie Gardipy
Nursing Program Advisor

Patrick Hassler
Emergency Response Coordinator

Charles Bighead
eHealth Advisor

Eric Xue
Senior Network Technologist (Until Oct 20, 2023)

Rakibul Islam
Senior Network Technologist (Commenced Oct 3, 2023)

Peter Netterville
IT Help Desk Technician

Glenda Watson
Mental Health & Addiction Advisor

Carol Udey
Nutritionist

Justina Ndubuka
Tobacco Project Coordinator

Jeanette Villeneuve
Program Administrative Assistant

Mental Health & Addictions

The Mental Health & Additions (MHA) Program at NITHA provides third-level service to the four NITHA Partners. During 2023/2024, the MHA advisor focused on Partnership needs following the ongoing residual impact of COVID-19; the growing concerns in Partnership communities related to increase in violent behaviours stemming from family breakdown and grief and loss. MHA coordinated training and workshops applicable to the pandemic recovery, advisory support, sharing and collaborating with Partner advisors.

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

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

Accomplishments

The MHA focused on providing advising support and collaboration efforts to enhance community programming that integrates Indigenous understanding of mental health and addiction issues that stem from family disruption and disconnection. National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) training was successful in training community staff in Crisis Stabilization and Safety (CSS), and Compassionate Inquiry (CI) in the early Spring of 2023 along with Violence Threat Risk Assessment (VTRA) in the fall 2023. In addition, through AHHRI funding, the MHA coordinated the following; Applied Suicide Intervention Skills Training (ASIST), and Critical Incident Stress Management (CISM) Training.

Challenges

Mental Health Therapist (MHT) recruitment remains a challenge across the Partner organizations due to the ongoing wage competition with inexperienced therapists creating more harm than good. In addition, the Non-insured Health Benefits (NIHB) – Mental Health Provider list has created an issue among new mental health therapists demanding full NIHB rates without experience following completion of undergrad programs, essentially new to the field of mental health. There is also a lack of understanding on how the MHT pay rates are determined under NIHB. The MHA has done work previously back in 2021 and it would be recommended to revise this Mental Health Therapist compensation grid, with a heavy call for all Partners to consider utilizing the grid to avoid community jumping among mental health therapists. This grid would distinguish between salaried and contract for service employees that will strongly look at experience of the provider and not based solely on having completed a program.

Priorities for 2024/25

- Completion of the “Model of Care” for Addiction and Mental Health Document for Partners, Thunderbird Partnership Foundation is set to complete the guiding document by July 1, 2024 with hopes of rolling out the MOC by Fall 2024
- Capacity building within the communities with respect to safety assessment given the rise in community and family violence, and family-oriented strategy training to better assist those working on the frontlines.

Emergency Response

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

Accomplishments

1. Approximately 140 First Aid and CPR/AED providers, 40 Medical First Responders, 12 Emergency Medical Responders, and 5 new first aid instructor candidates were trained in 2023/24 by "in house" 2nd-level instructors. Over 2000 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.
2. Purple Air real time smoke monitors continue to be a significant tool and enhancement to smoke and fire surveilance.18 real time monitors were deployed in 2022/23 and continue to be maintained and utilized for air quality surveillance and trending. This gives officials some real time and accumulated air quality data to help make evacuation and repatriation decisions. This is a Partnership between Saskatchewan Public Safety, University of BC and NITHA.
3. The NITHA EOC email address continues to be used as a way for Partners to submit enquiries and/or requests. The associated email address continues to be monitored for all emergencies including smoke, fire and flood events. As of year-end this service has processed approximately 300 requests alone for 2023-24 bringing the accumulative total to 7000 email requests since March of 2020.
4. Supplemental Defense and De-escalation training for Security Guards and Health Staff continued throughout this year with another 5 communities/groups were provided training: Wahpeton, Sturgeon Lake, PAGC second level and both Hall Lake and Grand Mother's Bay first responders. This brings the total number of communities trained to 14 since the start of the project.

Challenges

- An annual review of Emergency Response Plans is an industry standard. However, this process has remained sluggish and requires cooperation and manpower at the community level. Critical to the success and implementation of this process is the dedicated manpower and funding at the first and second levels. Stakeholders need to continue to advocate for first level ERC positions and funding. This would result in up-to-date community all hazard and communicable disease plans as well as manpower for risk surveillance and emergency coordination at the first level. In the area of emergency response and coordination long term funding arrangements (minimum of five years) should be the standard.
- Dedicated full-time positions in the area of Emergency Response and Preparedness remain the most significant challenge. Both first and second-level positions are needed to conduct Risk Assessments, update emergency response and communicable disease 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. Short term proposal driven funding negatively impacts the Partners (as well as their communities) ability to recruit and retain skilled emergency response personnel. It also greatly risks any progress in this area when funding is not secured for the full duration of projected activities. Staff recruitment and retention for Partner Emergency Response Coordinators or equivalents should be supported in a way to attract professionals with relevant credentials and experience.
- First Aid and Professional Responder Instructor Programs (First Responder) have had major over hauls over the last three years resulting in time consuming processes and mile stones to gain Instructor level certification in these Professional level pre-hospital programs. The 2nd level is negatively impacted due to staff retention when an employee enters the training program and leaves employment before or just after receiving full instructor certification. Continued advocacy for Virtual training (including evaluation and practice) should be supported by licencing and certifying bodies

Priorities for 2024/25

- 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.
- 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. The NITHA ERC will support and assist communities as they build sustainable First Responder Groups 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.
- Expand Purple Air monitors to include communities not yet covered and will expand monitoring to include inside air quality at health facilities to better understand the impact air scrubbers have during times of poor air quality from wildfires.
- NITHA will continue to provide support in Pandemic and Communicable Disease Contingency Planning, by providing the NITHA Communicable Disease Plan and the NITHA Communicable Disease Planning Manual. The most current versions were made available on the NITHA web site.
- 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.

Social media posts and posters:

Nursing Program

The Nursing Program Advisor (NPA) provides clinical, educational and policy supports for nursing practices. Professional advisory is provided to the NITHA Partnership for the home care, community health and primary care nursing programs. As nursing issues are brought forward, the NPA applies research, consultation and applies best nursing practice while incorporating cultural safety and competence. The NPA provides third level support for nursing needs, as requested from Partnership.

Accomplishments

1. Regular reviews of the nursing practice standards are done on an ongoing basis to reflect evidence-based practice. These include the "Clinical Directive Tools" (with the College of Registered Nurses) and the NITHA Registered Nurse Specialty Practice protocols. RN Specialty Practices reviewed and approved include:
   - Sexual Health Program Sexually Transmitted Infections (Gonorrhea, Chlamydia, and Syphilis) & Blood Borne Illnesses (Hepatitis B, Hepatitis C and HIV) - April 2023
   - Directive for Client Population RN Speciality Practice Management of Anaphylaxis - July 2023
   - NITHA Overarching Policy for Specialty Practice by RN employed within the NITHA Partnership - June 2023
   - RN Specialty Practice Intraosseous Insertion, Management & Removal Adult and Pediatric - August 2023
   - Sexual Assault Response (Adult Population) Specialty Practise for RNs
   - Directive for a Client Population RN Specialty Practise -Short-Term Contraception and Hormonal Emergency Contraception
2. Our NITHA Partners have direct input in the assessment, planning and evaluation of health education events that are coordinated through the NITHA nursing program. The health education events coordinated this fiscal year under the direction of the NPA were:
   - Sexual Assault Response Training for Primary Care Nurses – December 2023
   - Home Health Aides Conference – March 2024 with 40+ participants
   - Quarterly nursing in-services – Rx Vigilance; Short term and Emergency contraceptives
   - Primary Care Orientation and Skills Training for Primary Care Nurses – March 12-14, 2024 with 10 nurses completing
3. The NPA continues to be an active member in the following working groups: NITHA Primary Care Nurse Manager's, Regional Nursing Network Meeting with Indigenous Services Canada (ISC), National Nursing Education Working Group (ISC), FSIN Home Care Nursing Working Group, National Pharmacy and Therapeutics Working Group (ISC), Saskatchewan Lung Screening and Prevention Clinical Working Group.

Challenges

- Continued Nursing shortages have a detrimental effect on public health, home care and primary care nursing services. The nursing vacancy rates within our Partnerships and Independent Bands have remained high in many Communities. Working with the NITHA Human Resources and Nurse Managers, recruitment strategies and retention remain a priority.
- Client access to primary care services has been identified by the 2nd level health services. The NPA has been working with the preliminary planning for the designation of primary care services for specific First Nation Communities and expansion of primary care services for one nursing station that is in higher need for tertiary care.

Priorities for 2024/25

- Continued policy development with the RN Specialty Practices
- Health care professional education
- Supporting the Partnership with the education and mentorship for RNs to complete the Registered Nurse Additional Authorized Practice program
- Recruitment and retention of healthcare professionals
- NITHA Nurse Manager's quarterly meetings- with the goal of continuous collaboration, discussions and actions for contemporary nursing issues, best practice standards review, and networking with internal and external service providers.

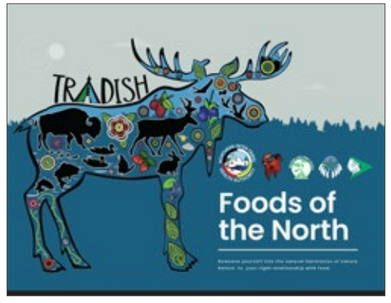
Nutrition Program

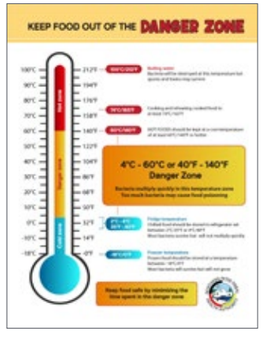
The main goal of the Nutrition Program is to promote health and well-being for First Nations people within the NITHA communities. The Nutrition Program supports the second level dietitians/nutritionists in the planning, implementing and evaluating of their nutrition programs for the communities they serve. The Nutrition Program supports other NITHA programs with evidenced based food and nutrition information when requested. The Nutrition Program also encourages and supports NITHA staff in optimizing their health and well-being with ongoing food and nutrition education.

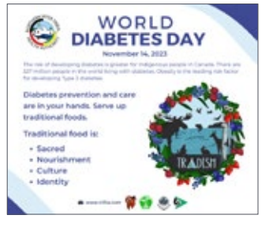
Program Accomplishments

1. The nutritionist collaborates with the dietitians within the Nutrition and Active Living Working group to provide meaningful programs and initiatives to the communities that we serve. The Nutrition Program assists in food security and sovereignty within our communities in many different ways. Over the past year, the nutritionist highlighted food security by providing food and nutrition information at workshops and conferences such as the STBBI, Home Care and Aide Worker conferences that were hosted by NITHA, as well as at community events such as "Baby Showers" hosted by LLRIB. Credible nutrition information is posted on NITHA social media platforms as well as MBC radio. The Nutritionist also promotes food security to the NITHA staff by ongoing education and hands on activities such as vegetable and herb container gardening on site.
2. The Nutritionist is an active member of the Healthy Eating Team (HET) which is one of the teams within the Northern Healthy Community Partnership. The HET food security initiative this year was the promotion of growing your own vegetables with planting seeds in back yard or community gardens. The team purchased vegetable seeds in bulk, divided them into smaller packages and then distributed to the communities that we serve.
3. The booklet "Food & Water in Times of Crisis" was completed and was made available to communities through the members of the Nutrition and Active Living Working Group. This provides information on how to maintain a food supply during natural disasters such as floods and fires.

Booklets, social media posts, pamphlet and posters:







4. The Nutrition and Active Living Working Group is at the beginning stages of developing a "Foods of the North" resource. The resource highlights the original foods within our Northern communities that were the mainstay of the indigenous diet before colonization through the stories of our Elders and Knowledge keepers.
5. The Nutritionist always works to expand her knowledge by attending continuing education opportunities such as the Food Security Forum sponsored by FSIN and by attending a presentation by Michelle Brass who is the writer and editor of "Cree Foods Gifted by Creator".
6. The Nutritionist upon request from Osteoporosis Canada provided information on traditional foods for their virtual Bone Health 101 presentation.
7. Every year during the month of March food and nutrition is highlighted. This year the theme was "Bring a Natural Balance to Your Nutrition. Dietitians give you the support you need to eat well." The acknowledgment of the dietitian as an expert in the field of food and nutrition and as a respected health professional was very timely in that there is a great need to attract dietitians to our Northern communities. The Nutrition and Active Living Working group devised a brochure entitled "Becoming a Registered Dietitian (RD)" to be distributed at career fairs to entice youth to enter the field of dietetics by highlighting the many different roles of a dietitian and the benefits of working in the North.

Challenges

One of the main challenges that the Nutrition Program has is maintaining consistent representation from all four Partners on the Nutrition and Active Living Working group. It would be recommended to appoint an alternate should a member be unable to attend.

Priorities for 2024/25

The main priority of the Nutrition Program is the ongoing research and gathering of information for the "Foods of the North" document.

eHealth

eHealth is the use of IT systems to support Healthcare services. NITHA facilities access to eHealth applications such as Telehealth, Panorama, Electronic Medical Records (EMR), and general office productivity such as email, MS office and virtual meetings. NITHA has three eHealth support personnel:

1. eHealth Advisor who performs business analysis including development of privacy and security policies, review of data sharing agreements and protocols.
2. Sr. Network Technologist who provides advanced network support, and;
3. Helpdesk Technician who provides user support and computer training.

Program Accomplishments

1. A cloud-based vaccine fridge temperature monitoring and alert system was deployed to PAGC health centers. The purpose was to implement an automated warning system to help curb vaccine wastage due to cold chain breaks. NITHA drafted work standards for PAGC about use of the new temperature monitoring and alert system.
2. NITHA has been promoting expansion of the Pediatric Virtual Acute Care Research Project. This project was started in PBCN and is an opportunity for other northern First Nations to provide remote acute care services for pediatrics using telehealth technologies. The virtual care team met with the NITHA Nurse Managers Working Group and with the NITHA Executive Council. NITHA collaborated with the Indigenous Peoples Health Research Center (IPHRC) to develop a research template that implements the OCAP principles.
3. NITHA assisted MLTC with an EMR workshop that included stakeholders from MLFNs and the SHA. MLTC would like to move towards a "Shared EMR" with the SHA to improve client care and safety and reduce workplace inefficiencies.
4. NITHA continues to receive funds to help sustain the "Shared EMR" at some LLRIB and PAGC communities. Additional EMR licenses were purchased in response to the uptake since the Shared EMR first launched in 2017
5. NITHA received additional funding to upgrade the internet bandwidth at health centers from 10Mb to 50Mb. This will help web-based applications such as Panorama and the EMR perform better.
6. NITHA implemented new network equipment for Montreal Lake's new health center.
7. NITHA was involved in the planning of the FSIN 2024 Data Governance Symposium and made a presentation about the practical considerations for implementing OCAP.

Challenges

- NITHA met with the PAGC Health Director's and did a presentation about Privacy and the need to strengthen privacy behaviors among staff. We continue to see isolated privacy breach incidents in the EMR despite some of our Partners implementing HIPA compliant privacy policies and requiring staff to take privacy training. Overall staff respect clients right to privacy in their daily work.
- Some First Nations communities want to modernize and move away from paper charting. Unfortunately, there is a lack of funding to expand deployment of the EMR. eHealth Advisor will continue to advocate for additional funding.
- The Sr. Network Administrator who was with NITHA for 16 years resigned. Fortunately, NITHA was able to recruit a highly qualified individual.
- NITHA upgraded several telehealth units at northern health centers. Upgrades were delayed while waiting for the province to confirm their long-term telehealth strategy.
- There continues to be a low uptake on use of Telehealth for remote clinical services. NITHA collaborated with the Regional First Nations Telehealth Working Group to develop promotional posters for Telehealth services. It is recommended providers inform clients about the telehealth option.
- NITHA offers IT and MS Office training, both remotely and on-site at the health centers. Often frontline workers register for a class but then miss the session. We will continue to promote and offer these sessions.

Priorities for 2024/25

- Seeking funds to improve the Partners and Communities virtual meeting capabilities. Zoom and MS Teams meetings has become a normal business practice but the virtual meeting equipment is inadequate at many locations.
- NITHA will continue to sustain the Shared EMR and will advocated for additional funding to expand deployment of the EMR to other First Nations communities.
- The 3-yr firewall licenses at northern health centers will be expiring in 2024. NITHA will seek funding to renew or upgrade the health center firewalls.
- The NITHA eHealth Advisor will collaborate with the National Indigenous IT Alliance to develop a cyber security frame that will be tailored for First Nations organizations. Cyber threats are a real and ever-present danger to First Nations organizations and their staff.
- NITHA will continue to support MLTC with their transition to a Shared EMR system with the SHA and Physicians.

Tobacco Project

The Tobacco Program through the Tobacco Coordinator (TC) supports and works collaboratively with Community Tobacco Coordinators at the second level in implementing the six essential elements of the Canada Tobacco Control Strategy (CTCS): Protection, Reduced access to tobacco products, Prevention, Education, Cessation, Data collection and Evaluation.

Program Accomplishments

1. In 2023-2024, the Tobacco Working Group otherwise known as Northern Saskatchewan Breath Easy (NSBE) saw a giant stride in the area of prevention and cessation so as to reduce the rates in NITHA communities by collaborating with the Canada Cancer Society (CCS) along with the Manitoba Métis Federation, and the Indigenous Sport, Physical Activity & Recreation Council in British Columbia to implement the Connect to Change project. The goal of this collaboration is to deliver a group-based commercial tobacco cessation program within Rural and urban Indigenous communities so as to offer access to comprehensive quit aides along with increased physical activities and peer support as part of supportive environments which will collectively act as effective levers for becoming or staying free of nicotine addictions.
2. The TC continues to collaborate with Saskatchewan Cancer agency to develop equity driven, phased-in approach and implementing a provincial Lung Screening and Prevention (LSP) program. The team has met several times this year to develop Terms of Reference, reviewed elements/components of a lung screening program, drafted a community engagement plan and worked with sub-committees to provide recommendations and the eligibility criteria for the program
3. The week of January 21 -27 was designated as National Non-Smoking Week (NNSW) by the Canadian Council for Tobacco Control. Wednesday 24th of January, 2024 was termed “Weedless Wednesday”. It is a day that smokers are encouraged to avoid commercial tobacco for one day to kick-start the process of quitting. The theme for this year’s NNSW is ‘Keeping Children and Youth Nicotine-Free’.
4. May 31, 2023, was World No Tobacco Day, (WNTD), celebrated to spread awareness of the dangers of smoking. The theme for this year’s campaign is: Grow food, not tobacco! The TPC collaborated with the NITHA nutritionist to implement a workplace contest.
5. The Brief Intervention for Tobacco Cessation: Helping Pregnant and New Mothers training modules (community of learning) hosted by St Elizabeth Health was launched on the Saskatchewan dashboard @YourSide Colleague and was e-blasted on different platforms.
6. Connect To Change project: NITHA Finalized agreement with CCS on Connect to change project. Purchase of equipment, supplies and materials such as laptops (for NITHA and Partners) and ceremonial tobacco. Development and implementation of a radio ad (English, Cree), posters and Facebook campaign to raise awareness of the project in the communities served.
7. Building Vibrant Youth Co-Chair Meeting: developed the 2024-2025 Workplan and completed plans to implement the 2024 BVY and Embracing Life - Northern Successes Showcase virtually.
8. The TC has met with collaborating/implementing Partners such as NSBE working group, ISC, Indigenous Community of Practice of Canada’s Tobacco Strategy, CCS, SCA, NHCP team to mention but a few.
9. The TC trained NITHA Partners, Saskatchewan Cancer Agency staff and other Northern Tobacco Strategy (NTS) team members on The Brief Intervention for Tobacco Cessation: Helping Pregnant and New Mothers (BITC).

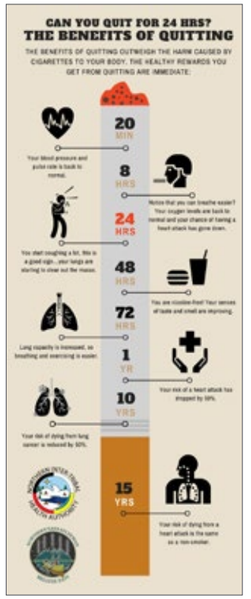
Challenges

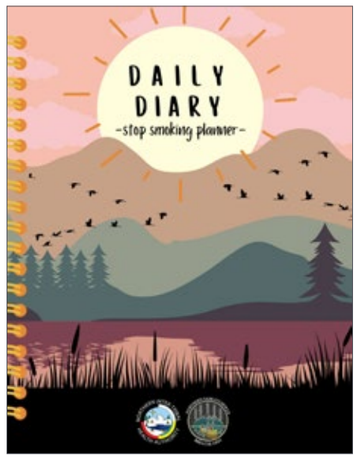
Due to high turnover rate in NITHA Partnership and that most NSBE working group members have other responsibilities outside the tobacco program, it has been challenging to implement some activities in the communities. It continues to be recommended to identify an alternate from the Partner organization to ensure the work continues.

Priorities for 2024/25

- The TC will continue to work with NITHA Partners to implement the Lung screening project and the Connect to Change project.
- The TC plans to train other NITHA Partnership Community Tobacco Coordinators as the positions are filled on Brief Intervention Tobacco Cessation: **Helping Pregnant and New Mothers** (BITC)
- To host/ implement North-wide youth workshop
- To conduct survey on smoking rates in NITHA communities
- To identify and train community members on the land/water based physical activity curriculum, which will be blended into a single 8-week program for participants seeking to quit smoking and vaping.

Social media posts, and posters:





Administration Unit

The Administration Unit, comprised largely of members of the management team, works closely in collaboration with Unit Managers in keeping the Executive Council and Board of Chiefs apprised of NITHA's programs, services and financial position on a quarterly basis. Overall, the unit provides the following:

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

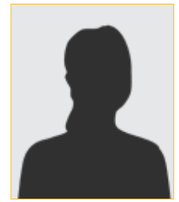
The Administration Unit consists of the Executive Director, Executive Assistant, Finance Manager, Human Resources Advisor, HR/Finance Assistant, Communications Officer, and the Receptionist Office Assistant.

ADMINISTRATION TEAM

Tara Campbell
Executive Director

Heather Bighead
Executive Assistant to the Executive Director (Until Oct 6, 2023)

Dana Ross
Executive Assistant to the Executive Director (Commenced Nov 15, 2023)



Laurie McAdam
Finance Manager

Melvina Aubichon
Human Resources Advisor

Danielle MacDonald
HR/Finance Assistant

Natasha Gillert
Communications Officer

Charity Fleury
Receptionist/Office Assistant

Left to right:
- Heather Bighead, 20th year work anniversary
- Dr. Nnamdi Ndubuka, 10 year work anniversary
- Healing our Spirit Worldwide 2023 - Heather Bighead, Dr. Nnamdi Ndubuka, Tara Campbell, and Grace Akinjobi

Human Resources

The directive of the NITHA Human Resources program supports NITHA Management, Staff, and Partnership to develop, apply, and monitor human resource programs and services. NITHA and the Partnership's Human Resources purpose is to achieve an efficient and effective workforce through strategic human capital planning. The actions of the Human Resources program include employment legislation compliance; compensation/benefits analysis; recruitment and retention; policy and procedures analysis and updates; employee onboarding and orientation; employee relations concerns; employee training and development; job design and evaluation; performance management; Human Resources information, data, and record-keeping maintenance; and Partnership Human Resources services guidance.

Program Accomplishments

In the majority of the 2023 - 2024 fiscal year, the NITHA Human Resources program concentrated on recruitment and orientation of new employees, gathering compensation data from similar institutions like NITHA, updating job descriptions as required, supporting NITHA Partners with Human Resources guidance and advice, continually updating the NITHA Human Resources Management regulations and Occupational Health and Safety policies in compliance with the Canada Labour Code (CLC) amendments/updates. NITHA has been researching the Saskatchewan employment, human rights, and occupational health and safety regulations and acts for jurisdictional purposes. Health agencies or organizations may be within provincial jurisdiction.

Some other accomplishments include:

- Sought legal review and advice with respect to employment jurisdiction as it relates to NITHA. This will be presented to leadership in the next year.
- NITHA continues to offer workplace harassment and violence prevention training to new staff in compliance with the CLC Workplace Harassment and Violence Prevention regulations.
- All NITHA job descriptions are now standardized and updated.
- Developed a return for service agreement – review in progress.
- HR Working Group meeting was held on June 29, 2023. Due to conflicting schedules and commitments, no HR working group meetings were held in Q2 - Q4.
- Attended the Canadian Association of Schools of Nursing Conference as an exhibitor from May 29 – June 01, 2023.
- Respectful Workplaces session to all NITHA staff was presented on June 27 & July 11, 2023. This session was mandatory.
- Attended the SK Nurses Practitioner Education conference as an exhibitor in Regina from November 03 – 04, 2023.
- Participated as an exhibitor at the First Nations Health Managers conference in St. John's NFLD from November 06 – 10, 2023.
- Participated in the ISC Regional Workshop as an exhibitor in Saskatoon from November 21 & 22, 2023.
- On December 15, 2023, providing sanitary products was enacted in the Canada Labour Code. NITHA now provides hygienic products.
- The HR Advisor took the lead in the transition of the NITHA pension plan from Sun Life to Canada Life. The entire process took about 2.5 months.
- Participated in the Waterhen First Nation Health Career fair as an exhibitor on March 26, 2024.
- NITHA's continued support in practicum student placements with several post-secondary institutions in Saskatchewan. We had Health Information Management, Masters in Public Health, and Bachelor of Public Health students. Students contributed invaluable data and analytical skillsets to the NITHA Communicable Disease and Epidemiology programs.
- NITHA secured funding from Canada Summer Jobs for two summer students. The recruitment for the Summer Students was restricted to First Nations Youth. The term was for 8 weeks in July and August.

Staff Vacancies:

Four permanent full-time positions were filled in the 2023 – 2024 fiscal year. One permanent position remains unfilled and is under review. Two (2) term positions remain unfilled and require evaluation to determine the need for these two positions and to classify them as permanent.

Position Title	Date Filled
TB Nurse	August 2023
Senior Network Technologist	October 2023
Epidemiologist Support - Term	Unfilled
Executive Assistant	November 2023
Data Clerk - Term	Unfilled
TB Nurse	March 2024
Health Promotions Advisor	Vacant since February 2024

Employee turnover during 2023 – 2024. There was a total of 407 visitors to NITHA employment opportunities. NITHA HR received 75 applicants for the vacant positions advertised during the 2023 – 2024 fiscal year.

Challenges

1. NITHA continues to see challenges related to the recruitment of hard-to-fill positions. This was due to having received applicants who did not meet the minimum requirements in areas related to work experience and/or qualifications. In addition, experienced applicants required flexible schedules which could not always be accommodated due to the nature of the positions. NITHA will continue utilizing various media outlets such as MBC Radio; Health Careers in Saskatchewan; social media and Post Secondary Institutions to assist with career advertisements. We will also attend recruitment events such as Schools of Nursing Education conferences, etc. Some considerations would include be adding a work schedule adjustment policy for flexible schedule requests; and consider mentoring and coaching options for inexperienced candidates recruited.
2. Due to work schedule conflicts, and work/family obligations the HR Working Group met once in 2023 – 2024.: The HR Advisor will continue to utilize the Doodle poll and video conferencing to allow for flexibility in attendance of in person or virtually.

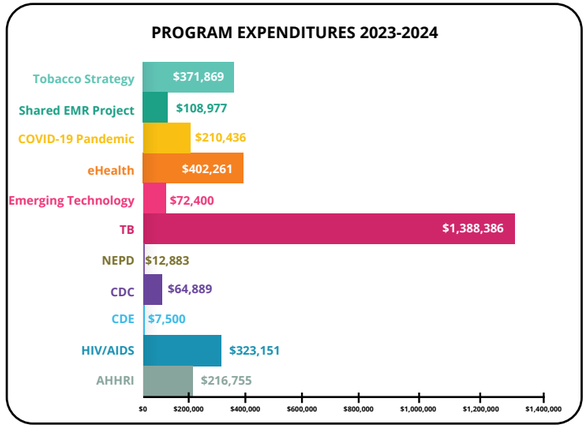
Priorities for 2024/25

- Job Evaluations for all NITHA positions
- Canada Life pension plan benefits presentation to NITHA staff.
- Provide Respectful Workplaces presentation to all new NITHA staff. This is mandatory training for all staff.
- Retain a full balance of human capital for NITHA business continuity.
- Engage the NITHA HR Working Group. Ensure that shared strategic goals and objectives are aligned with NITHA Partners.
- Continually update HR and OH&S policies to ensure employment, health and safety, and human rights legislation compliance.
- Provide human resources management advice, guidance, and support to NITHA and Partners.
- Participate in networking opportunities as warranted.
- Promote understanding of NITHA and its Partnership services and employment opportunities.

Finance

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

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



Block Funding	$6,280,003
Flexible Funding	$587,856
Set Funding	$0
Total Transfer Funding	$6,867,859

2023-2024 Financial Statements

The 2023-2024 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:

1. Independent Auditor's Report
2. Statement of Financial Position (Balance Sheet)
3. Statement of Operations (Income Statement)
4. Statement of Changes in Net Assets (Fund Balances)
5. Statement of Cash Flows
6. Notes to the Financial Statements
7. Detailed Schedule of Revenue and Expenditures by program:
   - **Schedule 1** – Summary of Operating Fund Revenue, Expenses and Surplus
   - **Schedule 2** - Administration
   - **Schedule 3** – Public Health Unit
   - **Schedule 4** – Community Services Unit
   - **Schedule 5** – Communicable Disease Emergencies
   - **Schedule 6** – CDC Immunizations
   - **Schedule 7** - Nursing Education
   - **Schedule 8** – HIV Strategy
   - **Schedule 9** – TB Initiative and Worker Program
   - **Schedule 10** – Aboriginal Human Resources
   - **Schedule 11** – Tobacco Control Strategy
   - **Schedule 12** – Substance Use & Addictions Program
   - **Schedule 13** – Dental Therapy
   - **Schedule 14** – Canadian Partnership Against Cancer
   - **Schedule 15** – Shared EMR Project
   - **Schedule 16** – E-Health Solutions
   - **Schedule 17** – National Indigenous IT Alliance
   - **Schedule 18** – COVID Pandemic Funding
   - **Schedule 19** – Canadian Cancer Society
   - **Schedule 20** – Public Health Agency of Canada
   - **Schedule 21** – Community Services Unit Emerging Technologies

Northern Inter-Tribal Health Authority Inc.

Financial Statements

March 31, 2024

Independent Auditor's Report

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

Opinion

We have audited the financial statements of Northern Inter-Tribal Health Authority Inc. (the "Authority"), which comprise the statement of financial position as at March 31, 2024, and the statements of operations, changes in net assets, cash flows and the related schedules for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Prince Albert, Saskatchewan Chartered Professional Accountants

August 1, 2024

101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V4
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Northern Inter-Tribal Health Authority Inc.

Statement of Financial Position

As at March 31, 2024

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2024	2023
Assets						
Current						
Cash	**1,000,766**	**7,001,936**	**406,112**	**-**	**8,408,814**	7,580,222
Accounts receivable *(Note 3)*	**53,102**	**-**	**-**	**-**	**53,102**	107,504
Prepaid expenses	**34,313**	**-**	**-**	**-**	**34,313**	14,832
	1,088,181	**7,001,936**	**406,112**	**-**	**8,496,229**	7,702,558
Tangible capital assets *(Note 4)*	**-**	**-**	**-**	**446,045**	**446,045**	516,238
	1,088,181	**7,001,936**	**406,112**	**446,045**	**8,942,274**	8,218,796
Liabilities						
Current						
Accounts payable *(Note 5)*	**1.017.118**	**-**	**-**	**-**	**1.017.118**	809.479
Deferred revenue *(Note 7)*	**71,063**	**-**	**-**	**-**	**71,063**	267,034
	1,088,181	**-**	**-**	**-**	**1,088,181**	1,076,513
Contingencies *(Note 16)*						
Net Assets						
Appropriated surplus *(Note 8)*	**-**	**7,001,936**	**-**	**-**	**7,001,936**	6,378,819
Surplus appropriated for scholarships *(Note 9)*	**-**	**-**	**406,112**	**-**	**406,112**	247,227
Invested in tangible capital assets	**-**	**-**	**-**	**446,045**	**446,045**	516,237
	-	**7,001,936**	**406,112**	**446,045**	**7,854,093**	7,142,283
	1,088,181	**7,001,936**	**406,112**	**446,045**	**8,942,274**	8,218,796

Approved on behalf of the Board of Chiefs

DocuSigned by:

Board Member

Board Member

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.

Statement of Operations

For the year ended March 31, 2024

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2024	2024 Budget (Note 13)	2023
Revenue							
First Nations and Inuit Health							
Funding agreement	**6,867,859**	**-**	**-**	**-**	**6,867,859**	**6,490,031**	7,232,641
Transfer from deferred revenue	**201,115**	**-**	**-**	**-**	**201,115**	**213,014**	30,972
Health Canada							
Set revenue	**62,683**	**-**	**-**	**-**	**62,683**	**-**	231,064
Transfer (to) from deferred revenue	**-**	**-**	**-**	**-**	**-**	**-**	4,146
Canadian Partnership Against Cancer							
Grant revenue	**49,775**	**-**	**-**	**-**	**49,775**	**49,775**	119,950
Transfer (to) from deferred revenue	**(3,079)**	**-**	**-**	**-**	**(3,079)**	**-**	-
Public Health Agency of Canada							
Grant revenue	**484,185**	**-**	**-**	**-**	**484,185**	**50,000**	-
Funding recovered	**(484,185)**	**-**	**-**	**-**	**(484,185)**	**300,000**	-
Canadian Cancer Society							
Grant revenue	**28,150**	**-**	**-**	**-**	**28,150**	**29,150**	-
Transfer (to) from deferred revenue	**(2,066)**	**-**	**-**	**-**	**(2,066)**	**-**	-
	7,204,437	**-**	**-**	**-**	**7,204,437**	**7,131,970**	7,618,773
Other revenue							
Interest revenue	**-**	**182,883**	**-**	**-**	**182,883**	**-**	203,260
Administration fees *(Note 10)*	**143,087**	**-**	**-**	**-**	**143,087**	**-**	256,263
Other revenue	**2,917**	**-**	**-**	**-**	**2,917**	**3,015**	-
	7,350,441	**182,883**	**-**	**-**	**7,716,207**	**7,134,985**	8,078,296

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The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.

Statement of Operations

For the year ended March 31, 2024

	Operating Fund	*Appropriated Surplus*	*Surplus Appropratied for Scholarships*	*Capital Fund*	*2024*	*2024 Budget (Note 13)*	*2023*
Total revenue *(Continued from previous page)*	**7,350,441**	**182,883**	**182,883**	**-**	**7,716,207**	**7,134,985**	8,078,296
Expenses							
Salaries and benefits	**3,647,126**	**-**	**-**	**-**	**3,647,126**	**4,181,814**	3,789,436
Program expenses	**2,011,298**	**-**	**-**	**-**	**2,011,298**	**2,426,992**	2,247,851
Facility costs	**232,713**	**-**	**-**	**-**	**232,713**	**252,300**	237,508
Appropriated surplus projects	**13,879**	**208,734**	**23,998**	**-**	**246,611**	**1,500,155**	158,057
Amortization	**-**	**-**	**-**	**242,565**	**242,565**	**-**	191,295
Travel and vehicle	**188,867**	**-**	**-**	**-**	**188,867**	**176,500**	207,181
Administration fees *(Note 10)*	**143,087**	**-**	**-**	**-**	**143,087**	**187,998**	256,263
Meetings and workshops	**139,788**	**-**	**-**	**-**	**139,788**	**239,230**	280,967
Professional fees	**83,473**	**-**	**-**	**-**	**83,473**	**100,000**	79,084
Telephone and office supplies	**77,693**	**-**	**-**	**-**	**77,693**	**84,500**	55,107
Computer and equipment maintenance	**46,940**	**-**	**-**	**-**	**46,940**	**58,960**	47,322
Bank charges and interest	**4,296**	**-**	**-**	**-**	**4,296**	**3,000**	2,337
Total expenses	**6,589,160**	**208,734**	**23,998**	**242,565**	**7,064,457**	**9,211,449**	7,552,408
Excess (deficiency) of revenue over expenses before other items	**761,281**	**(25,851)**	**158,885**	**(242,565)**	**651,750**	**(2,076,464)**	525,888
Other items							
Gain on disposal of tangible capital assets	**-**	**-**	**-**	**60,060**	**60,060**	**-**	1,885
Excess (deficiency) of revenue over expenses	**761,281**	**(25,851)**	**158,885**	**(182,505)**	**711,810**	**(2,076,464)**	527,773

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.

Statement of Changes in Net Assets

For the year ended March 31, 2024

	Operating Fund	*Appropriated Surplus*	*Surplus Appropratied for Scholarships*	*Capital Fund*	*2024*	*2023*
Net assets, beginning of year	**-**	**6,378,819**	**247,227**	**516,237**	**7,142,283**	6,614,510
Excess (deficiency) of revenue over expenses	**761,281**	**(25,851)**	**158,885**	**(182,505)**	**711,810**	527,773
Transfer to capital fund	**(113,778)**	**(58,595)**	**-**	**172,373**	**-**	-
Transfer from capital fund	**60,060**	**-**	**-**	**(60,060)**	**-**	-
Transfer to appropriated surplus	**(707,563)**	**707,563**	**-**	**-**	**-**	-
Net assets, end of year	**-**	**7,001,936**	**406,112**	**446,045**	**7,854,093**	7,142,283

Northern Inter-Tribal Health Authority Inc.

Statement of Cash Flows

For the year ended March 31, 2024

	Operating Fund	*Appropriated Surplus*	*Surplus Appropratied for Scholarships*	*Capital Fund*	*2024*	*2023*
Cash provided by (used for) the following activities						
Operating						
Excess (deficiency) of revenue over expenses	**761,281**	**(25,851)**	**158,885**	**(182,505)**	**711,810**	527,773
Amortization	**-**	**-**	**-**	**242,565**	**242,565**	191,295
Gain on disposal of capital assets	**-**	**-**	**-**	**(60,060)**	**(60,060)**	(1,885)
	761,281	**(25,851)**	**158,885**	**-**	**894,315**	717,183
Changes in working capital accounts						
Accounts receivable	**54,402**	**-**	**-**	**-**	**54,402**	(82,145)
Prepaid expenses	**(19,483)**	**-**	**-**	**-**	**(19,483)**	(402)
Accounts payable and accruals	**207,639**	**-**	**-**	**-**	**207,639**	119,637
Deferred contributions	**(195,968)**	**-**	**-**	**-**	**(195,968)**	(35,118)
	807,871	**(25,851)**	**158,885**	**-**	**940,905**	719,155
Capital activities						
Purchase of tangible capital assets	**-**	**-**	**-**	**(172,373)**	**(172,373)**	(232,581)
Proceeds from disposal of tangible capital assets	**-**	**-**	**-**	**60,060**	**60,060**	1,885
	-	**-**	**-**	**(112,313)**	**(112,313)**	(230,696)
Increase (decrease) in cash resources	**807,871**	**(25,851)**	**158,885**	**(112,313)**	**828,592**	488,459
Cash resources, beginning of year	**954,176**	**6,378,819**	**247,227**	**-**	**7,580,222**	7,091,763
Interfund adjustments	**(761,281)**	**648,968**	**-**	**112,313**	**-**	-
Cash resources, end of year	**1,000,766**	**7,001,936**	**406,112**	**-**	**8,408,814**	7,580,222

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements

For the year ended March 31, 2024

1. Incorporation and nature of the organization

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

2. Significant accounting policies

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

Fund accounting

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

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

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

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

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

Allocation of expenses

The administration office provides services to other program areas reported in the Operating Fund. To recognize the cost of these services, revenue is reported on Schedule 2 and offsetting expenses are reported on other schedules as set out in Note 10. Allocations of administrative fees are completed based on eligible rates per funding agreements and based on approved budgets.

Cash and cash equivalents

Cash and cash equivalents include balances with banks and short-term investments with maturities of three months or less. Cash subject to restrictions that prevent its use for current purposes is included in restricted cash.

Tangible capital assets

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

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

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

Accumulated sick leave benefit liability

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

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2024

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

Employee future benefits

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

Defined contribution plan

The NITHA contributes to the defined contribution plan with costs equally shared by NITHA and its employees, 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 follows the deferral method of accounting for contributions and reports on a fund accounting basis. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Investment income is recognized 50% in the Appropriated Surplus fund and 50% in the Surplus Appropriated for Scholarships fund net assets when earned.

Measurement uncertainty (use of estimates)

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

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of capital assets. Accumulated sick leave benefit liability is based on the estimated usage of unvested leave benefits payable.

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

Financial instruments

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

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

Transaction costs directly attributable to the origination, acquisition, issuance or assumption of financial instruments subsequently measured at fair value are immediately recognized in excess if revenue over expenses. Conversely, transaction costs are added to the carrying amount for those financial instruments subsequently measured at cost or amortized cost.

All financial assets except derivatives are tested annually for impairment. Management considers recent collection experience for the grants, in determining whether objective evidence of impairment exists. Any impairment, which is not considered temporary, is recorded in the statement of operations. Write-downs of financial assets measured at cost and/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, 2024

3. Accounts receivable

	2024	*2023*
Other receivable	**30,348**	93,775
Goods and Services Tax receivable	**22,754**	13,729
	53,102	107,504

4. Tangible capital assets

	Cost	***Accumulated amortization***	***2024 Net book value***	*2023 Net book value*
Equipment	**1,192,516**	**922,064**	**270,452**	334,015
Computers	**1,462,274**	**1,411,738**	**50,536**	78,533
Automotive	**326,708**	**208,772**	**117,936**	91,224
Leasehold improvements	**189,482**	**185,169**	**4,313**	6,847
Software	**137,428**	**134,619**	**2,809**	5,619
	3,308,408	**2,862,362**	**446,046**	516,238

5. Accounts payable and accruals

	2024	*2023*
Trade payables and accruals	**498,079**	286,327
Payroll accruals	**519,039**	523,152
	1,017,118	809,479

6. Related party transactions

NITHA works as a Third Level Structure in a partnership arrangement between the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band to support and enhance existing northern health service delivery in First Nations. NITHA made the following payments as it relates to administrative and program expenses directly to its Partners:

	2024	2023
Prince Albert Grand Council	**138,976**	151,555
Meadow Lake Tribal Council	**208,633**	209,780
Peter Ballantyne Cree Nation	**374,079**	430,435
Lac La Ronge Indian Band	**148,974**	212,744

At March 31, 2024, accounts receivable amounting to $nil (2023 - $nil) and accounts payable and accruals of $3,515 (2023 - $10,000) were due from/to NITHA's partners listed above. These transactions were made in the normal course of business and have been recorded at the exchange amounts.

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2024

7. Deferred revenue

	2024	2023
Canadian Partnership Against Cancer		
Funding received	**49,775**	119,950
Funding recognized	**(46,696)**	(119,950)
Balance, end of year	**3,079**	-
FNIH - EMR Shared Project		
Balance, beginning of year	**14,918**	14,233
Funding received	**111,612**	69,042
Funding recognized	**(108,978)**	(68,357)
Balance, end of year	**17,552**	14,918
FNIH - Tobacco Control Strategy		
Funding received	**375,644**	375,644
Funding recognized	**(375,644)**	(366,252)
Clawbacks	**-**	(9,392)
Balance, end of year	**-**	-
Health Canada - Substance Abuse Program		
Balance, beginning of year	**-**	4,145
Funding received	**62,683**	139,980
Funding recognized	**(62,683)**	(144,125)
Balance, end of year	**-**	-
National Indigenous IT Alliance		
Balance, beginning of year	**-**	30,000
Funding recognized	**-**	(30,000)
Balance, end of year	**-**	-
FNIH - e-Health Infrastructure Solutions		
Balance, beginning of year	**46,784**	214,671
Funding received	**403,844**	355,383
Funding recognized	**(402,261)**	(382,115)
Capital asset purchases	**-**	(141,155)
Balance, end of year	**48,367**	46,784
FNIH - COVID Pandemic Funding		
Balance, beginning of year	**205,332**	39,103
Funding received	**-**	283,699
Funding recognized	**(205,332)**	(117,470)
Balance, end of year	**-**	205,332
Canadian Cancer Society		
Funding received	**28,150**	-
Funding recognized	**(26,085)**	-
Balance, end of year	**2,065**	-

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2024

7. Deferred revenue *(Continued from previous page)*

	2024	2023
FNIH - CSU Emerging Technologies		
Funding received	**72,400**	-
Funding recognized	**(72,400)**	-
Balance, end of year	**-**	-
	71,063	267,034

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:

	2024	2023
Capacity development initiatives		
Opening balance	**806,057**	645,057
Transfers from (to) surplus	**137,180**	161,000
Expenses	**(58,522)**	-
Ending balance	**884,715**	806,057
Human resources initiative		
Opening balance	**167,875**	185,800
Transfers from (to) surplus	**(7,240)**	-
Expenses	**(23,329)**	(17,925)
Ending balance	**137,306**	167,875
Nursing initiative		
Opening balance	**(18,025)**	19,232
Transfers from surplus	**37,258**	-
Expenses	**-**	(37,257)
Ending balance	**19,233**	(18,025)
Capital projects		
Opening balance	**233,882**	200,554
Transfers from (to) surplus	**(88,513)**	35,000
Expenses	**(27,143)**	(1,672)
Ending balance	**118,226**	233,882
E-Health solutions		
Opening balance	**31,876**	62,103
Transfers from surplus	**30,226**	-
Expenses	**(926)**	(30,227)
Ending balance	**61,176**	31,876

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2024

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

	2024	*2023*
Special projects		
Opening balance	**1,227,877**	1,253,685
Transfers from surplus	**25,808**	-
Expenses	**(78,838)**	(25,808)
Ending balance	**1,174,847**	1,227,877
Strategic planning, long term planning and future deficits		
Opening balance	**3,929,077**	3,600,531
Transfers from surplus	**697,333**	346,714
Expenses	**(19,977)**	(18,168)
	4,606,433	3,929,077
	7,001,936	6,378,619

9. Surplus appropriated for scholarships

The Board of Chiefs of NITHA established a policy that 50% of interest earned by NITHA be appropriated to fund scholarships for students entering post-secondary education in a medical field.

10. Administration fees

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

	2024	*2023*
Communicable Disease Emergencies - Schedule 5	**300**	321
Communicable Disease Control - Schedule 6	**6,000**	-
Nursing Education - Schedule 7	**1,500**	5,807
TB Initiative - Schedule 9	**50,000**	120,590
TB Worker Program - Schedule 9	**2,656**	57,728
Aboriginal Human Resources - Schedule 10	**30,456**	7,354
Canadian Partnership Against Cancer - Schedule 14	**4,525**	-
Shared EMR Project - Schedule 15	**7,240**	6,214
E-Health Solutions - Schedule 16	**40,410**	47,570
COVID Pandemic Funding - Schedule 18	**-**	10,679
	143,087	256,263

11. Commitments

NITHA occupies its office facilities on a lease agreement with Peter Ballantyne Cree Nation with an annual commitment of $147,870 expiring March 31, 2025.

12. Defined benefit and contribution plans and other post-employment benefits

Defined contribution pension plan

NITHA has a defined contribution pension plan covering substantially all full time employees. Contributions to the plan are based on 7.5% participants' contributions. NITHA's contributions and corresponding expense totaled $185,651 in 2024 (2023 - $190,867).

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2024

13. Budget information

On August 22, 2023 the Board approved its operating budget based on planned expenses relating to the current year funding.

14. Financial instruments

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

Credit Risk

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

A credit concentration exists relating to trade accounts receivable. As at March 31, 2024, one account had 93% (March 31, 2023 – one account had 85%) of the accounts receivable balance at year-end.

Liquidity risk

Liquidity risk is the risk that the Health Authority will not be able to meet its financial obligations as they become due.

NITHA manages liquidity risk by constantly monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2024, the most significant financial liabilities are accounts payable and accrued charges.

Interest rate risk

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

15. Economic dependence

NITHA receives the major portion of its revenues pursuant to various funding agreements with the First Nations and Inuit Health Branch of Indigenous Services Canada. The most significant agreement, signed in a prior year and effective April 1, 2020, includes a 5-year health transfer agreement, which expires in March 31, 2025.

16. Contingencies

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

17. Comparative figures

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

Northern Inter-Tribal Health Authority Inc.

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

For the year ended March 31, 2024

Programs	Schedule #	Indigenous Services Canada Funding	Other Revenue	Administration Fees *(Note 10)*	Transfer *(To) From* Deferred Revenue	Total Revenue	Expenses	Investment in capital assets	Transfer *(To) From* Appropriated Surplus	*Surplus (Deficit)* 2024	*Surplus (Deficit)* 2023
Block Funding											
Administration	2	1,469,010	2,617	143,087	-	1,614,714	1,392,808	(31,728)	(78,040)	**112,138**	5,684
Public Health Unit	3	1,408,932	-	-	-	1,408,932	1,256,745	-	-	**152,187**	92,133
Community Services Unit	4	843,117	300	-	-	843,417	698,526	-	-	**144,891**	254,449
Communicable Disease Emergencies	5	7,500	-	-	-	7,500	7,500	-	-	**-**	-
CDC - Immunization	6	60,000	-	-	-	60,000	42,899	(21,990)	4,889	**-**	24,973
Nursing Education	7	15,000	-	-	-	15,000	12,883	-	-	**2,117**	33,440
HIV Strategy	8	250,000	-	-	-	250,000	323,151	-	73,151	**-**	-
TB Initiative and Worker Program	9	1,491,952	-	-	-	1,491,952	1,388,386	-	-	**103,566**	-
Aboriginal Human Resources	10	358,848	-	-	-	358,848	216,755	-	-	**142,093**	81,941
Tobacco Control Strategy	11	375,644	-	-	-	375,644	371,869	-	-	**3,775**	979
		6,280,003	2,917	143,087	-	6,426,007	5,711,522	(53,718)	-	**660,767**	493,599
Set Funding											
Substance Use & Addictions Program	12	-	62,683	-	-	62,683	10,779	-	-	**51,904**	(46,746)
Dental Therapy Program	13	-	-	-	-	-	-	-	-	**-**	404
Canadian Partnership Against Cancer	14	-	49,775	-	(3,079)	46,696	46,696	-	-	**-**	(5,995)
Canadian Cancer Society	19	-	28,150	-	(2,066)	26,084	26,084	-	-	**-**	-
		-	140,608	-	(5,145)	135,463	83,559	-	-	**51,904**	(52,337)
Flexible Funding											
Shared EMR Project	15	111,612	-	-	(2,635)	108,977	108,977	-	-	**-**	-
E-Health Solutions	16	403,844	-	-	(1,583)	402,261	402,261	-	-	**-**	-
National Indigenous IT Alliance	17	-	-	-	-	-	-	-	-	**-**	25
COVID Pandemic Funding	18	-	-	-	205,333	205,333	210,436	-	-	**(5,103)**	-
Public Health Agency of Canada	20	-	-	-	-	-	-	-	-	**-**	
Emerging Technology	21	72,400	-	-	-	72,400	72,400	-	-	**-**	
		587,856	-	-	201,115	788,971	794,074	-	-	**(5,103)**	25
		6,867,859	143,525	143,087	195,969	7,350,440	6,589,159	(53,718)	-	**707,565**	441,284

Northern Inter-Tribal Health Authority Inc.

Schedule 2 - Schedule of Administration Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget *(Note 13)*	2023
Revenue			
First Nations and Inuit Health Funding agreement	**1,469,010**	**1,426,535**	1,456,693
Administration fees *(Note 10)*	**143,087**	**-**	256,263
Other revenue	**2,617**	**1,000**	-
	1,614,714	**1,427,535**	1,712,956
Expenses			
Salaries and benefits	**922,446**	**1,026,494**	897,487
Facility costs	**232,713**	**252,300**	237,508
Telephone and office supplies	**77,693**	**84,500**	55,107
Professional fees	**60,973**	**65,000**	43,820
Meetings and workshops	**40,702**	**128,330**	139,838
Computer and equipment maintenance	**27,173**	**38,260**	31,482
Travel and vehicle	**26,812**	**34,000**	24,675
Bank charges and interest	**4,296**	**3,000**	2,337
Program expenses	**-**	**-**	15
	1,392,808	**1,631,884**	1,432,269
Excess (deficiency) of revenue over expenses before transfers Other items affecting program funds	**221,906**	**(204,349)**	280,687
Investment in capital asset	**(31,728)**	**-**	(5,079)
Transfer to appropriated surplus	**(78,040)**	**-**	(269,924)
Excess (deficiency) of revenue over expenses after transfers	**112,138**	**(204,349)**	5,684

Northern Inter-Tribal Health Authority Inc.

Schedule 3 - Schedule of Public Health Unit Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**1,408,932**	**1,256,178**	1,269,834
Other Revenue	**-**	**1,000**	-
	1,408,932	**1,257,178**	1,269,834
Expenses			
Salaries and benefits	**1,155,234**	**1,204,023**	1,133,913
Travel and vehicle	**24,604**	**38,500**	4,033
Program expenses			
Environmental cleaning workshop	**58,551**	**10,000**	10,000
Program delivery	**14,806**	**16,500**	21,166
Program supplies	**2,841**	**7,400**	5,574
Special projects	**422**	**10,000**	1,825
Meetings and workshops	**288**	**4,500**	1,190
	1,256,746	**1,290,923**	1,177,701
Excess (deficiency) of revenue over expenses	**152,186**	**(33,745)**	92,133

Northern Inter-Tribal Health Authority Inc.

Schedule 4 - Schedule of Community Services Unit Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**843,117**	**805,379**	896,356
Other revenue	**300**	**1,015**	-
	843,417	**806,394**	896,356
Expenses			
Salaries and benefits	**585,121**	**668,812**	535,518
Travel and vehicle	**16,892**	**14,000**	12,503
Professional fees	**12,000**	**12,000**	11,000
Meetings and workshops	**11,304**	**15,000**	2,917
Program expenses			
Training	**65,788**	**133,465**	73,478
Special projects	**4,057**	**5,000**	2,051
Program delivery	**2,898**	**2,800**	3,315
Program supplies	**466**	**2,500**	1,124
	698,526	**853,577**	641,906
Excess (deficiency) of revenue over expenses	**144,891**	**(47,183)**	254,450

Northern Inter-Tribal Health Authority Inc.

Schedule 5 - Schedule of Communicable Disease Emergencies Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**7,500**	**7,500**	7,500
Expenses			
Administration fees *(Note 10)*	**300**	**700**	321
Salaries and benefits	**-**	**-**	6,000
Program expenses			
Training	**7,200**	**6,300**	1,179
	7,500	**7,000**	7,500
Excess of revenue over expenses	**-**	**500**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 6 - Schedule of CDC - Immunization Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**60,000**	**60,000**	66,777
Expenses			
Computer and equipment maintenance	**19,767**	**20,700**	12,300
Administration fees *(Note 10)*	**6,000**	**6,000**	-
Salaries and benefits	**-**	**14,900**	17,400
Program expenses			
Program delivery	**6,232**	**12,600**	8,274
Program supplies	**5,781**	**5,800**	2,648
Training	**5,119**	**-**	1,182
	42,899	**60,000**	41,804
Excess of revenue over expenses before capital transfers	**17,101**	**-**	24,973
Other items			
Investment in capital asset	**(21,990)**	**-**	-
Transfer from appropriated surplus	**4,889**	**-**	-
Excess (deficiency) of revenue over expenses	**-**	**-**	24,973

Northern Inter-Tribal Health Authority Inc.

Schedule 7 - Schedule of Nursing Education Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**15,000**	**15,000**	97,318
Expenses			
Salaries and benefits	**12,264**	**12,600**	9,709
Administration fees *(Note 10)*	**1,500**	**1,500**	5,807
Program expenses			
Training	**(881)**	**-**	48,362
Program supplies	**-**	**900**	-
	12,883	**15,000**	63,878
Excess of revenue over expenses	**2,117**	**-**	33,440

Northern Inter-Tribal Health Authority Inc.

Schedule 8 - Schedule of HIV Strategy Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**250,000**	**400,000**	400,000
Expenses			
Salaries and benefits	**135,298**	**242,131**	238,069
Travel and vehicle	**2,659**	**4,500**	676
Meetings and workshops	**480**	**1,000**	54,352
Program expenses			
Program contributions	**134,000**	**134,000**	134,000
Training	**21,960**	**26,388**	11,810
Program delivery	**13,997**	**17,870**	23,397
Incentives	**8,898**	**10,000**	8,577
Special projects	**-**	**150,000**	-
Program supplies	**3,309**	**5,000**	3,501
Other program services	**2,550**	**5,000**	-
	323,151	**595,889**	474,382
Excess (deficiency) of revenue over expenses before transfers	**(73,151)**	**(195,889)**	(74,382)
Other items affecting program funds			
Transfer from appropriated surplus	**73,151**	**195,889**	74,382
Excess (deficiency) of revenue over expenses	**-**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 9 - Schedule of TB Initiative Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**1,491,952**	**1,455,178**	1,791,952
Expenses			
Salaries and benefits	**569,370**	**798,286**	786,238
Travel and vehicle	**116,271**	**83,000**	161,146
Administration fees *(Note 10)*	**52,656**	**108,298**	178,317
Meetings and workshops	**700**	**2,000**	1,363
Program expenses			
Training	**-**	**25,000**	-
Other program services	**590,124**	**540,702**	700,199
Incentives	**43,226**	**40,000**	38,733
Program delivery	**12,754**	**16,315**	17,298
Program supplies	**3,285**	**3,000**	2,741
Special projects	**-**	**15,000**	16,997
	1,388,386	**1,631,601**	1,903,032
Excess of revenue over expenses before transfers	**103,566**	**(176,423)**	(111,080)
Other items affecting program funds			
Investment in capital asset	**-**	**-**	(84,462)
Transfer from appropriated surplus	**-**	**78,286**	195,542
Excess (deficiency) of revenue over expenses	**103,566**	**(98,137)**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 10 - Schedule of Aboriginal Human Resource Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**358,848**	**212,575**	162,443
Expenses			
Administration fees *(Note 10)*	**30,456**	**19,325**	7,354
Program expenses			
Training	**186,299**	**404,925**	73,148
	216,755	**424,250**	80,502
Excess (deficiency) of revenue over expenses before transfers	**142,093**	**(211,675)**	81,941
Other items			
Transfer from appropriated surplus	**-**	**211,675**	-
Excess (deficiency) of revenue over expenses	**142,093**	**-**	81,941

Northern Inter-Tribal Health Authority Inc.

Schedule 11 - Schedule of Tobacco Control Strategy Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**375,644**	**375,644**	375,644
Expenses			
Salaries and benefits	**45,274**	**46,003**	49,299
Travel and vehicle	**350**	**1,500**	40
Meetings and workshops	**222**	**1,000**	-
Program expenses			
Program contributions	**322,226**	**322,226**	322,226
Program supplies	**3,797**	**4,915**	3,100
	371,869	**375,644**	374,665
Excess (deficiency) of revenue over expenses	**3,775**	**-**	979

Northern Inter-Tribal Health Authority Inc.

Schedule 12 - Schedule of Substance Use & Addictions Program Revenues and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
Health Canada			
Set revenue	**62,683**	**-**	231,064
Transfer (to) from deferred revenue	**-**	**-**	4,146
	62,683	**-**	235,210
Expenses			
Travel and vehicle	**279**	**-**	2,843
Professional fees	**10,500**	**-**	-
Program expenses			
Program contributions	**-**	**-**	273,252
Program supplies	**-**	**-**	5,861
	10,779	**-**	281,956
Excess (deficiency) of revenue over expenses	**51,904**	**-**	(46,746)

Northern Inter-Tribal Health Authority Inc.

Schedule 13 - Schedule of Dental Therapy Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
	-	**-**	-
Expenses			
Program expenses			
Program delivery	**-**	**-**	(404)
Excess of revenue over expenses	**-**	**-**	404

Northern Inter-Tribal Health Authority Inc.

Schedule 14 - Schedule of Canadian Partnership Against Cancer Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
Canadian Partnership Against Cancer			
Grant revenue	**49,775**	**49,775**	119,950
Transfer (to) from deferred revenue	**(3,079)**	**-**	-
	46,696	**49,775**	119,950
Expenses			
Salaries and benefits	**27,480**	**29,250**	72,743
Meetings and workshops	**13,691**	**15,000**	52,597
Administration fees *(Note 10)*	**4,525**	**4,525**	-
Travel and vehicle	**1,000**	**1,000**	-
Program expenses			
Program supplies	**-**	**-**	605
	46,696	**49,775**	125,945
Excess (deficiency) of revenue over expenses	**-**	**-**	(5,995)

Northern Inter-Tribal Health Authority Inc.

Schedule 15 - Schedule of Shared EMR Project Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**111,612**	**69,042**	69,042
Transfer (to) from deferred revenue	**(2,635)**	**-**	(685)
	108,977	**69,042**	68,357
Expenses			
Administration fees *(Note 10)*	**7,240**	**7,240**	6,214
Professional fees	**-**	**23,000**	24,264
Program expenses			
Program supplies	**101,737**	**38,802**	37,879
	108,977	**69,042**	68,357
Excess of revenue over expenses	**-**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 16 - Schedule of E-Health Solutions Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**403,844**	**407,000**	355,383
Transfer (to) from deferred revenue	**(1,583)**	**46,784**	167,887
	402,261	**453,784**	523,270
Expenses			
Administration fees *(Note 10)*	**40,410**	**40,410**	47,570
Computer and equipment maintenance	**-**	**-**	3,541
Program expenses			
Telecommunications	**360,766**	**366,590**	314,050
Program delivery	**-**	**46,784**	16,954
Other program services	**1,085**	**-**	-
	402,261	**453,784**	382,115
Excess of revenue over expenses before capital transfers	**-**	**-**	141,155
Other items affecting program funds			
Investment in capital asset	**-**	**-**	(141,155)
Excess (deficiency) of revenue over expenses	**-**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 17 - Schedule of National Indigenous IT Alliance Revenue and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Transfer (to) from deferred revenue	**-**	**-**	30,000
Expenses			
Meetings and workshops	**-**	**-**	28,711
Travel and vehicle	**-**	**-**	1,264
	-	**-**	29,975
Excess of revenue over expenses	**-**	**-**	25

Northern Inter-Tribal Health Authority Inc.

Schedule 18 - Schedule of COVID Pandemic Funding Revenues and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
First Nations and Inuit Health			
Funding agreement	**-**	**-**	283,699
Transfer from deferred revenue	**205,333**	**166,230**	(166,229)
	205,333	**166,230**	117,470
Expenses			
Salaries and benefits	**187,776**	**132,397**	43,059
Administration fees *(Note 10)*	**-**	**-**	10,679
Program expenses			
Program delivery	**18,084**	**30,000**	55,178
Program supplies	**4,576**	**3,833**	8,554
	210,436	**166,230**	117,470
Excess (deficiency) of revenue over expenses	**(5,103)**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 19 - Schedule of Canadian Cancer Society Revenues and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
Canadian Cancer Society			
Grant revenue	28,150	29,150	-
Transfer (to) from deferred revenue	(2,066)	-	-
	26,084	29,150	-
Expenses			
Appropriated surplus projects	13,879	13,857	-
Salaries and benefits	6,863	6,917	-
Program expenses			
Program supplies	5,342	7,376	-
	26,084	28,150	-
Excess of revenue over expenses	-	1,000	-

Northern Inter-Tribal Health Authority Inc.

Schedule 20 - Schedule of Public Health Agency of Canada Revenues and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
Public Health Agency of Canada			
Grant revenue	484,185	50,000	-
Unexpended funds	(484,185)	300,000	-
	-	350,000	-
Expenses			
	-	-	-
Excess of revenue over expenses	-	350,000	-

Northern Inter-Tribal Health Authority Inc.

Schedule 21 - Schedule of Community Services Unit - Emerging Technology Revenues and Expenses

For the year ended March 31, 2024

	2024	2024 Budget (Note 13)	2023
Revenue			
Government funding			
First Nations and Inuit Health			
Funding agreement	72,400	72,400	-
Expenses			
Meetings and workshops	72,400	72,400	-
Excess of revenue overexpenses	-	-	-

Celebrating 25 years

In 1987, Canada created the Federal Health Transfer Policy, which encouraged First Nations to define their specific needs and develop relevant health structures and services to meet those needs. This transfer process was a way to shift control concerning health from the federal government to First Nations.

During the mid 1990's, the federal government adopted an envelope system of financial administration as a measure to reduce the federal deficit. This caused standard negotiated mechanisms within transfer agreements, for incremental growth (both population and price), to become obsolete. First Nation health systems were limited in their ability to adjust incrementally for population growth and increments in price. As a result of these challenges, an urgent need developed to update and revise the initial transfer framework and policy (1987).

The Northern Inter-Tribal Health Authority (NITHA) arose from this demand with a goal to increase third level support services of its partners; Prince Albert Grand Council (PAGC), Meadow Lake Tribal Council (MLTC), Peter Ballantyne Cree Nation (PBCN) and Lac La Ronge Indian Band (LLRIB). The Partners formally joined together in 1998 to create NITHA to deliver a service known as "Third Level."

In 2001, NITHA opened with a mission to achieve improved quality of health and well-being of its partner community members.

Today, NITHA serves 33 First Nations communities with a population of 55,000 (and growing).

ANNUAL REPORT

2023-2024

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