Sioux Lookout
First Nations
Health Authority

Annual Report 2021-2022

Land Acknowledgement:

The Sioux Lookout First Nations Health Authority acknowledges that it is situated on the traditional territory of Lac Seul First Nation, signatory to the Treaty #3 and Fort William First Nation, signatory to the Robinson-Superior Treaty of 1850.

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Sioux Lookout
First Nations
Health Authority

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Sioux Lookout, ON P8T 1B8

981 Balmoral Street, Suite 200
Thunder Bay, ON P7B 0A6

www.slfnha.com

Board of Directors

Acting Board Chair
Howard Meshake
Aroland First Nation

Acting Vice Chair
Brenda Fox
Mishkeegogamang First Nation

Board Secretary / Treasurer
Bertha Trout
Lac Seul First Nation

Board Members
Allen Tait
Sachigo Lake First Nation

Cynthia Fiddler
Sandy Lake First Nation

Samuel McKay
Kitchenuhmaykoosib Inninuwug

Dr. Terri Farrell
Ex-Officio Board Member (non-voting)

Board Elder
Thomas Spade
Mishkeegogamang First Nation

Vacancies
Board Member (1)

Keewaytinook Okimakanak
Representative

Matawa First Nations Council
Representative

Board Elder (Female)

Message from the Chiefs Council on Health

Chief Donny Morris
Kitchenuhmaykoosib Inninuwug

Waciiye, Chiefs, Elders, Women, Youth and Knowledge Keepers throughout Kiiwetinoong.

It is time to reflect on the past year's challenges and the resilience of our people. I want to begin by introducing our name change. When the CCOH was formed by the Sioux Lookout area Chiefs in 2004, it was known as the Chiefs Committee on Health. In accordance with Resolution #21-08 we have now changed our name to Chiefs Council on Health. This is part of an ongoing process to reflect the pivotal role and evolving responsibilities of the Chiefs Council on Health. The CCOH name change signals a renewal of our mandate in providing political advocacy and lobbying in all First Nation health matters. It is with this spirit of renewal, resilience and strength that I bring you our message this year.

In the last year, the 33 First Nations communities in the catchment area have once again faced many health challenges, but at the same time demonstrated unified resilience and strength. March 2022 marked the second year of one the darkest anniversaries our people have experienced, when a worldwide pandemic changed our lives in unprecedented ways. Despite the enormity of this crisis, we confronted the pandemic with the strength of our people. As of the writing of this message, while the pandemic has waned and many restrictions have been lifted, we know it is still with us. A sixth and seventh wave of the covid 19 virus continues, and so we remain vigilant to protect our communities. With great reverence and compassion, we reflect on the many losses each and every one of us have experienced across Kiiwetinoong.

From the depths of our hearts, our thoughts and prayers go out to our families, communities, leadership and the health care workers for all that they have endured and for the strength they called upon to get through. May the Creator continue to watch over us and bring us comfort and strength.

It has been our collective strength and unity of purpose that gives me great pride in how we have managed this crisis. It also gives me hope and confidence to take on the challenges that lie ahead.

The CCOH has been active in providing oversight in a number of areas. To date, some of the highlighted areas have been the development of a Communications Strategy, Anishinabe Health Plan, primary health care facility, monitoring the Non-Insured Health Benefits Program and the implementation of the Health Transformation Strategy, along with the Strategic Plan 2022-27.

Where previously the CCOH only met twice per year, due to increasing oversight and involvement in key developments, the pandemic prompted us to hold weekly meetings, jointly with the SLFNHA Board. This was then shifted to meeting every two weeks. Many of the initiatives that the CCOH were involved in were put aside for the time being as we focused on the pandemic challenges, but we have still managed to make progress in some key areas.

One of the most notable achievements is our high level partnership with the Board in the development of the SLFNHA Strategic Plan 2022-27. For the first time the Strategic Plan was developed by the Board and the CCOH. One of the first tasks in this process is to consult with the communities on the draft Strategic Plan 2022-27. In this phase, we are already receiving good feedback and input from the leadership as the engagement process continues. It has been made clear that the communities must contribute to the development of policy leading to the transformation of their health care system. We strive to ensure that the voices of the community will be reflected in the future directions of the organization.

The CCOH was also instrumental in advancing a proposal for the Bringing Our Children Home Initiative. Resolution 21-17, which was passed by the Sioux Lookout District Chiefs, supports the devel-

opment of a proposal to begin searching for missing children at the former Pelican Residential School and Zone Hospital grounds. This initiative is being lead by Lac Seul First Nation. SLFNHA will support this initiative, particularly the searching of the former Zone Hospital property.

I want to express the ongoing commitment of the CCOH to ensure strong, healthy nations for generations to come. It has been a pleasure to work with the SLFNHA Board of Directors in a strong partnership, as well as the leadership of the communities and health staff. We look forward to striding forward with you as we reaffirm our commitment to advocate for a health system that better meets the needs of our communities.

Miigwetch.

Acting Board Chair Howard Meshake

It's my pleasure to present the Annual Report for 2021-2022. This year has been one of change at SLFNHA. First off, the long-time Chair of the Board, John Cutfeet, stepped down from this leadership role. I would like to sincerely thank John for his service and dedication to moving First Nation's health care forward in the North.

The Board also welcomed three new Members this year who represent a new generation of Indigenous leaders:

- Samuel McKay (Kitchenuhmaykoosib Inninuwug, replacing John Cutfeet as rep for Independent First Nations Alliance)
- Tanya Bottle (Mishkeegogamang)
- Cynthia Fiddler (Sandy Lake)

The other news this year is that the Covid-19 pandemic has slowed down and as a region, we are learning to live well with Covid. In-person meetings have started to resume which has brought renewed energy to teams, working groups and conferences.

As we cautiously proceed in our journey back to 'normal', I want to thank you all for your patience, diligence and tireless efforts to help one another get through the pandemic.

The past year also gave SLFNHA the opportunity to create a strategic plan for the next five years, which is briefly introduced in this report. The Board, in concert with the CCOH, has determined the three Strategic Directions to pursue to 2027 to improve Anishinabe health outcomes:

- Community Ownership
- Health Transformation
- Service Excellence

By succeeding in delivering on these Strategic Directions, SLFNHA will be successful addressing the poor and inequitable health outcomes that the Anishinabe of Northwestern Ontario have endured for too long. But the Strategic Plan for the next five years must also be responsive to the opinions of the people and communities SLFNHA serves. That's why we have planned to engage with First Nations across the region, and I hope that we can have open conversations and feedback about the health care priorities where you live, and how we can do better, together, for First Nations Peoples.

Miigwech.

CEO & President James Morris

On behalf of all staff at SLFNHA, I want to say a sincere miigwech to all the Anishinabe and Communities we serve. The past two years have tested everyone, but as a region, we continue to make progress.

SLFNHA has continued to expand its service and program offerings to address the health care inequities that have persisted for too long. Our people can be decidedly optimistic about the future of our own health services - one that truly puts the needs of our people first. One such success is the Developmental Services program, which provides pediatric services to address the healthy development of infants, children, and youth. Using an innovative and collaborative approach with the communities, the program utilizes Jordan's Principle to fill the gaps and put our children first. Much work remains to expand this people-first approach to all aspects of health care services.

In 2006, the Anishinabe Health Plan laid the framework for health care transfer to First Nations. The federal government's Health Transfer Policy was used to transfer programs to SLFNHA. This involved transferring the Program Activity, and the existing Financial Resources, but the third piece, Policy, which controls the policies, has never been surrendered from the government. This is one of the biggest weaknesses in developing First Nations health services.

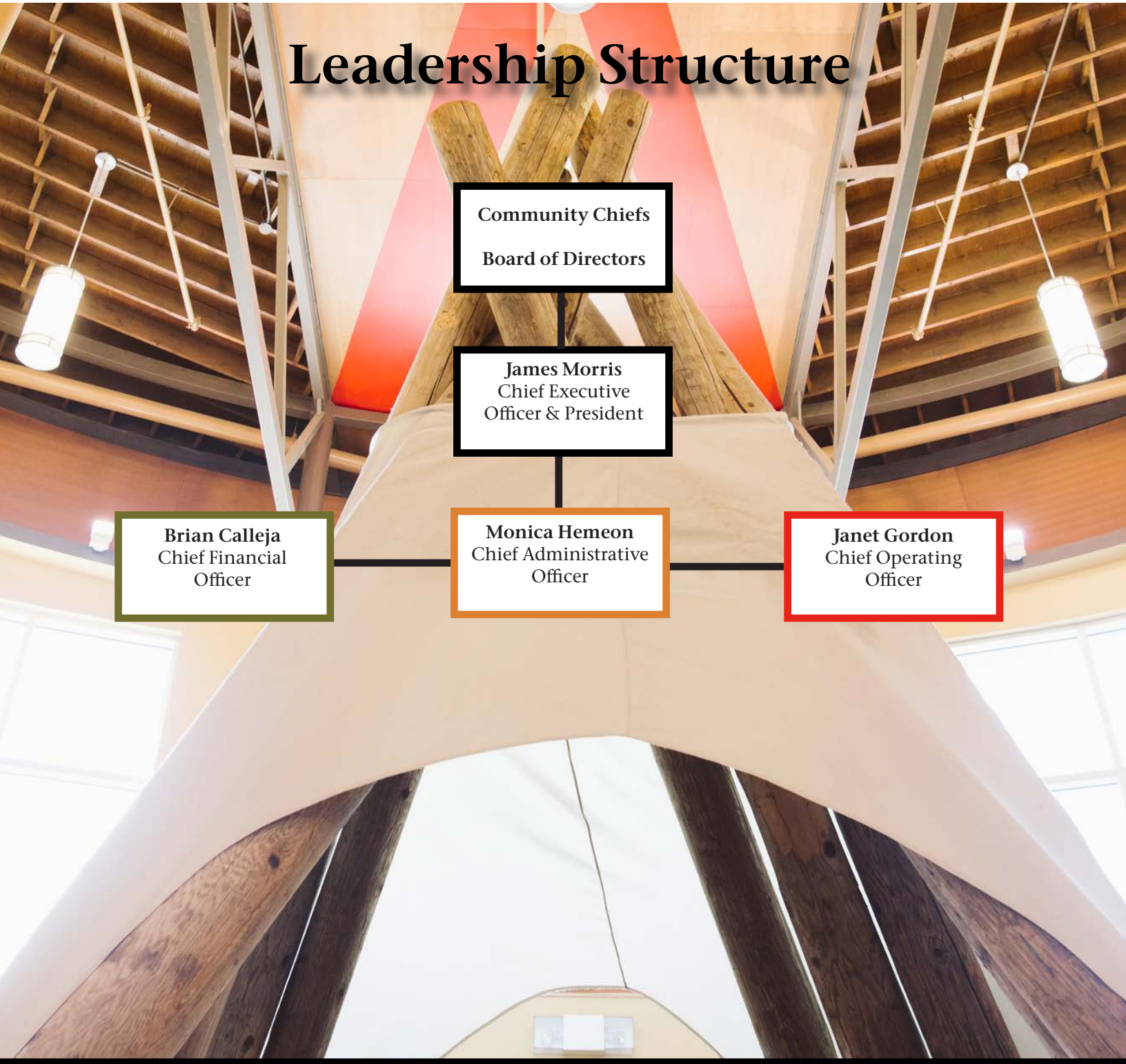
Under the Anishinabe Health Plan, planning was to happen locally at the community level, and if it could not be done at the community level, then it would go to the Tribal Councils. If it could not be done at the Tribal Council level, then it would go to the regional level, which is the Health Authority. But that has not been the reality. Individual First Nations and Tribal Councils have been sidestepped by government authorities and the majority of programming has gone to the Health Authority. In 2006, when the Anishinabe Health Plan was approved, the Health Authority had about 100 staff. Today we have over 600 staff. This arrangement needs to change, which is why SLFNHA is using its resources to bring health care planning back to local Chief and Council, and have more health professionals trained and employed locally in First Nations across the region.

This shift to have more planning and staff at the community level is a big part of the Health Transformation effort that SLFNHA is actively pursuing as part of the 2022-27 Strategic Plan. Transformation needs to be a community-driven process and meaningful engagement will guide on-going work. The engagement that is planned for the next 12 months will ensure that more than 25,000 Anishinabe voices are integrated into the development of an equitable and responsive regional Anishinabe health system based on their needs and priorities.

The pandemic has exposed many pre-existing problems with the health care system in the North. One that is obvious is the reliance on outside doctors and nurses, which is something that also needs to change. Locums and agency nurses are not a sustainable solution, and neither is treating patients with Tylenol. Better diagnostics to assess peoples' ailments locally is needed. And a focus on health promotion and disease prevention would go a long way to reverse the health inequities that exist. We have all seen how lifelines in the region were strained during the pandemic in the larger centres. It was even more precarious in the North. We need to be doing more to proactively address these issues to ensure the long term health and vitality of our communities.

Miigwetch.

Leadership Structure



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Looking Ahead

The 2021-2022 Annual Report presents a high-level summary of the year's achievements, challenges, and aspirations, which inform SLFNHA's strategic directions for the next five years, namely: Community Ownership, Health Transformaton, and Service Excellence.

The three Strategic Directions presented here, interconnected with SLFNHA's Mission, Vision, and Values, will guide SLFNHA to 2027.

Strategic Plan at a Glance 2022 - 2027

Mission

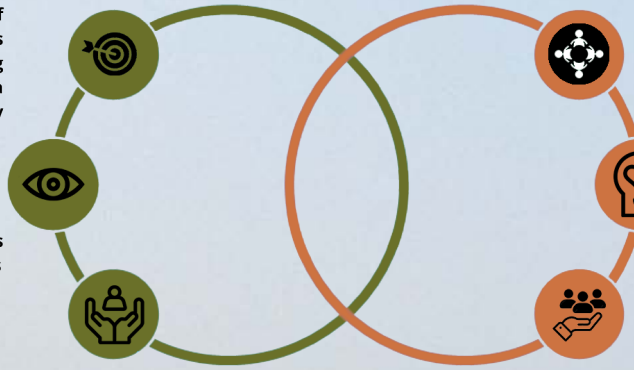
Transforming the health of Anishinabe people across Keewaytinook by providing community-led services and a strong voice for their community health needs.

Vision

Resilient and Healthy Nations supported on their path to wellness

Values

We value respect, relationships, culture, equity, and fairness. We work to protect the Anishinabe teachings of love, courage, respect, wisdom, truth, honesty and humility.



Community Ownership

Determine community-based health care needs and aspirations and develop long-term community relationships

Health Transformation

Develop and enhance services guided by Indigenous culture, teachings and values and obtain the authority to deliver culturally appropriate and community-based health care.

Service Excellence

Support community members to provide feedback for continuous improvement

Years of Service
Miigwetch for your dedication!

Retired

Linda Bourrier
Beulah Wabasse
Cindy Hunt

25 Years

Juda McKay

20 Years

James Morris

15 Years

Margaret Cleland
Christine Sawanis

10 Years

Dorothy Binguis
Christine Chisel
Delphine Crane
Alice Dodsworth
Chris Duval
Renato Jaravata
Tina Jacobson

5 Years

Denise Williams
Andrew Lindquist
Joanne Meekis
Cody Whiskeychan
Shirly Keetash
Barb Bergman
Brian Atlookan
Angela Augustine
Maxine Goodman
Amber Roy

Webequie, Ontario

A Thank You to SLFNHA Staff

While we reflect on the obstacles created by the pandemic over the last two years the Executive and Board would like to say thank you. SLFNHA was able to continue delivering crucial services to those that needed it most: elders, children, and vulnerable people. We could not have done it without you. Inspiring feedback from leadership detailed many of the obstacles overcome by SLFNHA staff:

"What Developmental Services did incredibly well was pivot and assist. Staff helped with Operation Remote Immunity, food security, fire safety and COVID testing. They took on new responsibilities and continued to support children and youth."
- Ursula Lawson, Developmental Services

"I would like to recognize the PCT staff for adapting to our communities' ever-changing needs throughout the pandemic. Our staff supported communities by offering multiple vaccination clinics and traveling to the north during outbreaks to help with food and supply distribution. While there were so many areas that our staff helped with, they were always willing and eager to be on call and work extra hours." - Katie Wantoro, Primary Care Team

"This year brought on an intense workload for our small team. As the new manager, one thing that really stands out to me is how supportive and encouraging the MOA's are to each other. In face of all the restrictions, disappointments over loss of staff, and heavy workloads, they pulled together and got the job done." - Carol Barrett, Medical Office Manager

"ACW has worked long hours for two years straight. Despite that, our staff continue to support each other and support the communities. A highlight for me was during the Bearskin outbreak, staff were willing to return from holiday and travel into Bearskin to provide extra support, including working long hours on New Year's Eve. Their presence was really appreciated. The ACW team has made me feel fortunate to have such a dedicated team committed protecting the lives and wellbeing of community members. They have made me very proud to lead this team."
- Emily Paterson, Approaches to Community Wellbeing Director

"We truly appreciate our extraordinary team and are grateful for their dedication. They continue to make client safety a priority, sometimes above their own. Our team overcame power outages, a severe windstorm, and flooding. Through all this the JMK team continues to go the extra mile for the communities we serve."
- Michael Cummine, Associate Director - JMK2

"I would like to recognize the HR staff for creating an N95 internal testing and training program. They also assisted with COVID policy getting more than 50% of the organization vaccinated and providing documentation. One of many HR staff's responsibilities was to assist with getting department back to the office safely."
- Jason Marchand, Human Resources

"The Finance team renewed its process to meet remote delivery of a core service without any interruptions. The Logistics team was established to ensure critical supplies and HR could be delivered to communities for over two years. The CRRT Finance and Administration team assisted in drafting proposals for many of the SLFNHA area communities, resulting in millions of dollars in funding being made available to assist community pandemic activities."
- Brian Calleja, CFO

"I would like to recognize the Client Services team for their ability to pull together and deal with the crisis at hand."
- Sandra Linklater, Client Services Director

"Nodin did not stop providing mental health care throughout the pandemic. Even with the shortage of providers, we did everything possible to help our communities in times of mental anxiety, crisis and tragedies. Without such a dedicated team enduring all the challenges, the clinical work would not have been possible" – Trish Hancharuk, Director of Nodin Mental Health Services

COVID Rapid Response Team: Community Support Highlights

The Sioux Lookout First Nations Health Authority worked with the 33 member First Nation communities, provincial and federal governments, political territorial organizations, tribal councils, and other partners to actively monitor and respond to the COVID-19 pandemic. The health authority combined local expertise with medical professionals and area tribal councils to form the COVID-19 Regional Response Team (CRRT) to help communities receive the critical supports they need during this COVID-19 pandemic. The purpose of the CRRT is to help guide SLFNHA, partners, and First Nations communities in the Sioux Lookout area in actively monitoring and responding to the COVID-19 pandemic.

Mishkeegogamang, Ontario

SLFNHA departments have redeployed staff and made extra efforts to support communities throughout the pandemic. Some of these exceptional efforts are highlighted by department below:

Roots of Community Wellbeing

- Worked with partners and across sectors to ensure exceptional COVID-19 preparedness, response, and recovery measures
- Reviewed and appraised evidence to understand the impact of the COVID-19 pandemic. Findings were used to provide support to First Nation communities.
- Updated Balanced Score Card reports to re-assess health system preparedness and facilitated improved COVID-19 response
- Conducted mathematical modeling projections, which prepared SLFNHA and communities for worst case scenerios

- Developed daily and weekly epidemiological updates of COVID-19 cases and hospitalizations, COVID-19 vaccination coverage reports by community, and weekly COVID-19 travel advisories
- Created community-specific COVID-19 outbreak analyses reports
- Conducted an analysis of the impact of the COVID-19 pandemic on medical travel appointments
- Coordinated and developed COVID-19 resources through graphic design, coordinating translation, social media posts, distributing resources through email, printing and shipping resources and Operation Remote Immunity vaccines to communities
- Worked with Developmental Services on the illustration and layout for Children's book called "My Vaccination Day Story"

Client Services Department (CSD)

CSD Management has spent the last two years encouraging and promoting safe work practices at the JMK hostels and have always gone above and beyond when implementing strategies that keep our clients and staff safe. Housekeeping continues to sanitize each room, hallway, office, and public washroom thoroughly from top to bottom, including using a fogging machine on every surface.

- All staff perform a rapid antigen test twice a week
- All staff are required to wear appropriate PPE
- Barriers have been installed to all working areas
- Screeners are positioned at entrances to both hostels
- Screened guests are assisted in getting accommodated at JMK 1 for either quarantine or isolation.

Primary Care Team (PCT)

- Organized a total of 16 COVID-19 Vaccination Clinics on site for SLFNHA Staff and priority clients, following Public Health guidelines. A total of 1029 doses of COVID-19 vaccine were administered.
- Point of Care Testing was implemented within the SLFNHA organization in support of community mandates to have staff who travel into communities tested. Currently POCT is offered Monday through Friday from 6:00 am to 4:00 pm at the PCT building.
- During the Omicron surge in the last quarter of 2021/22, PCT staff has been redeployed to the various departments at SLFNHA to assist with the management of COVID-19 outbreaks in the communities. PCT staff assisted with Rapid Response Mobile Testing, providing training in COVID-19 testing, PPE ordering, supporting vaccine record clinics, coordinating charter flights to the communities, case and contact tracing, data entry to COVaxON and Mustimuhw EMR, logistics, and planning and evaluation.

Message from Chief Financial Officer Brian Calleja

The 2021-2022 fiscal year was another year of growth, development, challenges and opportunities. The COVID-19 pandemic continued to require significant focus and resources. Pandemic funding of various sources brought challenges of managing the increased funds, however, we saw improvements and additional services delivered by SLFNHA. In addition to our regular workload, the finance team was able to secure some much-needed community isolation and quarantine infrastructure funding again this fiscal year.

I would like to acknowledge and say miigwetch to all of our employees for the commitment, perseverance and positive collaboration with all community members, leadership, elders, Board members and Chiefs Council on Health. I look forward to continuing to align with all partners as SLFNHA's work continues with the vision, mission and values and the strategic directions for 2022-27 at the forefront. We will continue our work for increased and improved health service delivery for all members of the region.

Finance's role aided this year in support of the expansion of SLFNHA through securing additional facilities in support of service delivery, for example, Omamun Ziibiis, Thunder Bay's Administration Office, and land purchases for expansion of Developmental Services and Primacy Care. Finance also provided proposal writing support to communities securing community infrastructure and COVID-19 funding. Four communities secured funding for multi-use COVID-19 buildings, installing x-ray machines in-community and COVID-19 supplies.

The Finance and Human Resource departments selected a new Human Resource and Payroll software (UKG Kronos). These support services are scheduled for implementation in the 2022-23 fiscal year and will support the human resource growth of the organization and streamline processes, procedures, and accountability reporting. The finance area will also see an upgrade to Sage software that will bring efficiencies and assist in meeting the ongoing objective of paperless processes and procedures and improve lines of reporting.

I look forward to the upcoming fiscal year and the continued opportunity to work with the Board, Executive, Management, staff, and all our external partners and communities of the region.

Finance Department

The Finance Department is responsible for the financial administrative functions of Accounts Receivable & Payable, Travel, Purchasing, Expense Claims, Payroll, Real Property, and Quality Assurance.

Members of the team are assigned to one of these functional areas depending on the needs of the department and SLFNHA. Finance also provides project management and strategic planning. Each member of the Finance Team is responsible for providing coverage and support as required by workflow and absences to ensure continuity of services. Finance Analysts have been identified as ambassadors for

Finance

each department area within the organization to better support and assist each program with their financial responsibilities and accountabilities. Over the past year the SLFNHA Finance Department has grown and currently has 32 positions (with six currently vacant).

With many new locations throughout the region, the Real Property division has been busy managing and optimizing SLFNHA's real property resources. The Quality Assurance Program has conducted a preliminary review of the various models of accreditation available and is set to bring forward a new framework.

Highlights and Achievements

- Purchase of 40 King St., future site of Developmental Services' new building & expansion into new Thunder Bay office.
- COVID-19 logistics coordination.
- Secured funding for multi-use Covid-19 vaccination buildings in four communities.
- Initiated the procurement of new accounting software that will streamline reporting and budgeting for all departments.
- Establishment of Omamun Ziibiis, which brings programming closer to the land.
- Cleared 59 Queen Street property for expanded Primary Care space.
- Initiated the procurement of UKG Kronos, a new Payroll management software that will assist with streamlining Payroll and Human Resource processes.
- Coordinated the proposal that sent over $25M for infrastructure directly to communities.
- Support provided to communities with Covid-19 proposals.
- Supported the installation of x-ray machines in six communities and the rehabilitation of x-ray machines in two communities.
- Finance orientation created for new employees and management. These are delivered monthly, in-person and online.

Challenges

- Monitoring unsecured and secured funding through the pandemic to ensure resources were available when required.
- Leveraging employees' skills to meet the ever-changing environmental challenges.
- Establishing sufficient connectivity throughout work areas/facilities.

Moving Forward

Finance's future work plan includes:

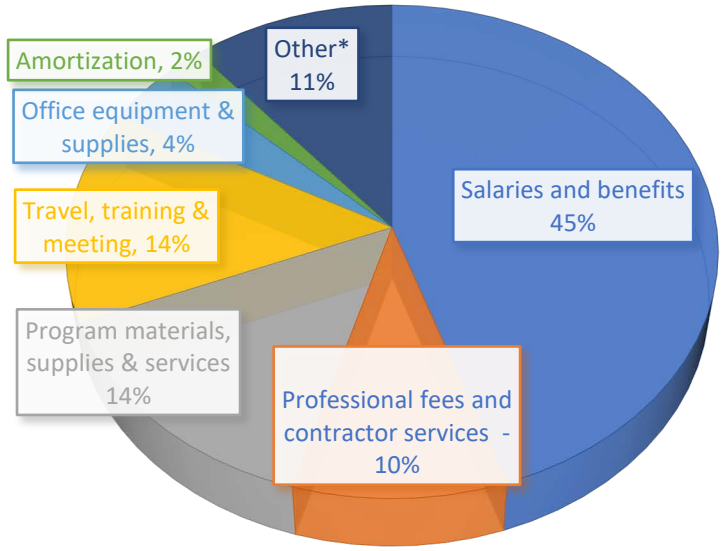
- Deliver Service Excellence to internal and external clients.
- Leverage innovation with the vision to improve services.
- Actively manage budgets while forecasting program growth and deliverables.

To achieve these goals Finance will implement a variety of strategies and initiatives:

- Improvements to the procurement process for goods and services;
- Establishing the Finance Audit and Risk Management Committee to improve reporting to the board;
- Continue to ensure there is a high degree of accountability in managing the funds received by the Health Authority;
- Implement the roll out of UKG Kronos (Human Resource and Payroll program and procedures);
- Upgrade Sage finance process software; and
- Update and maintain process and procedural manuals which will be available online.

Finance is also excited to continue to support Omamun Ziibiis into an innovative service delivery site that will support the health, both physical and mental, of the First Nations served by SLFNHA.

Expenditure by Category



Salaries and benefits
$33,210,060

Professional fees and contractor sevices
$7,169,962

Program materials, supplies & services
$10,664,025

Travel, training & meeting
$10,403,263

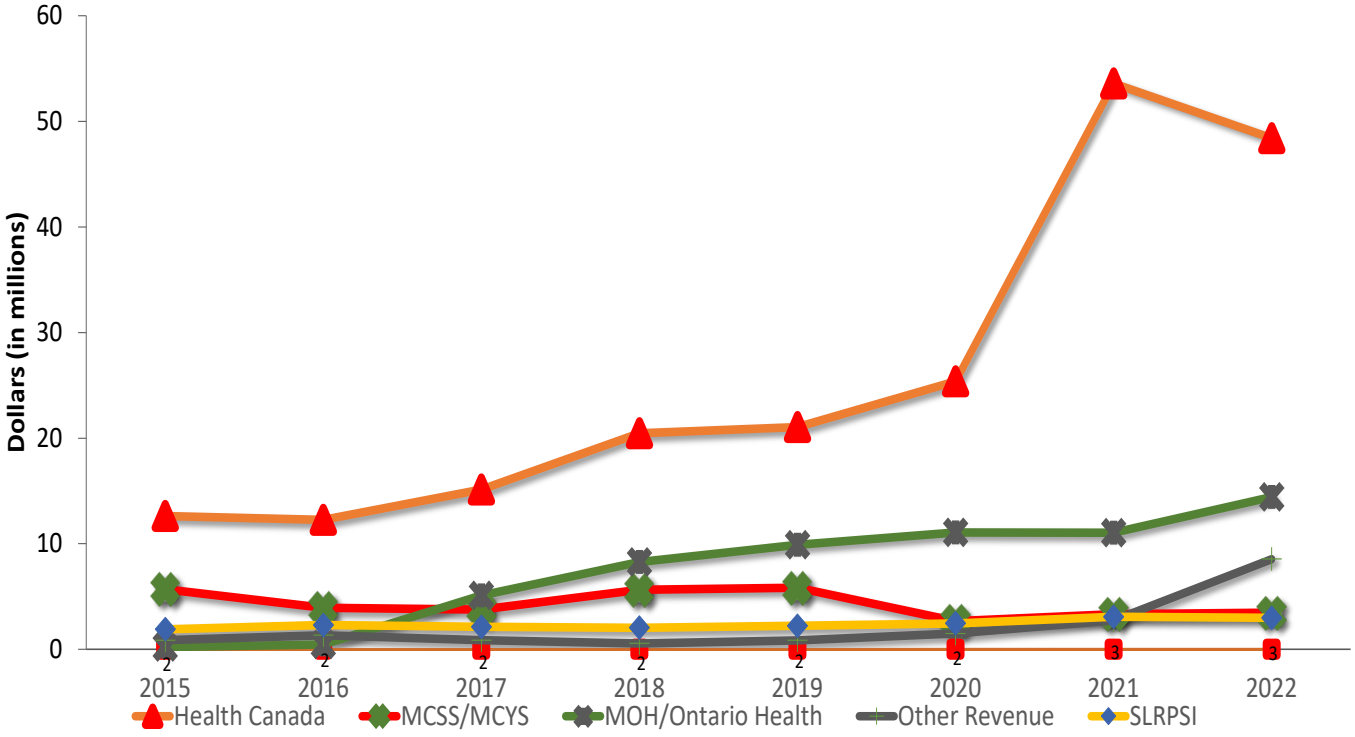
Office equipment & supplies
$3,045,625

Amortization
$1,410,262

Other*
$8,225,762

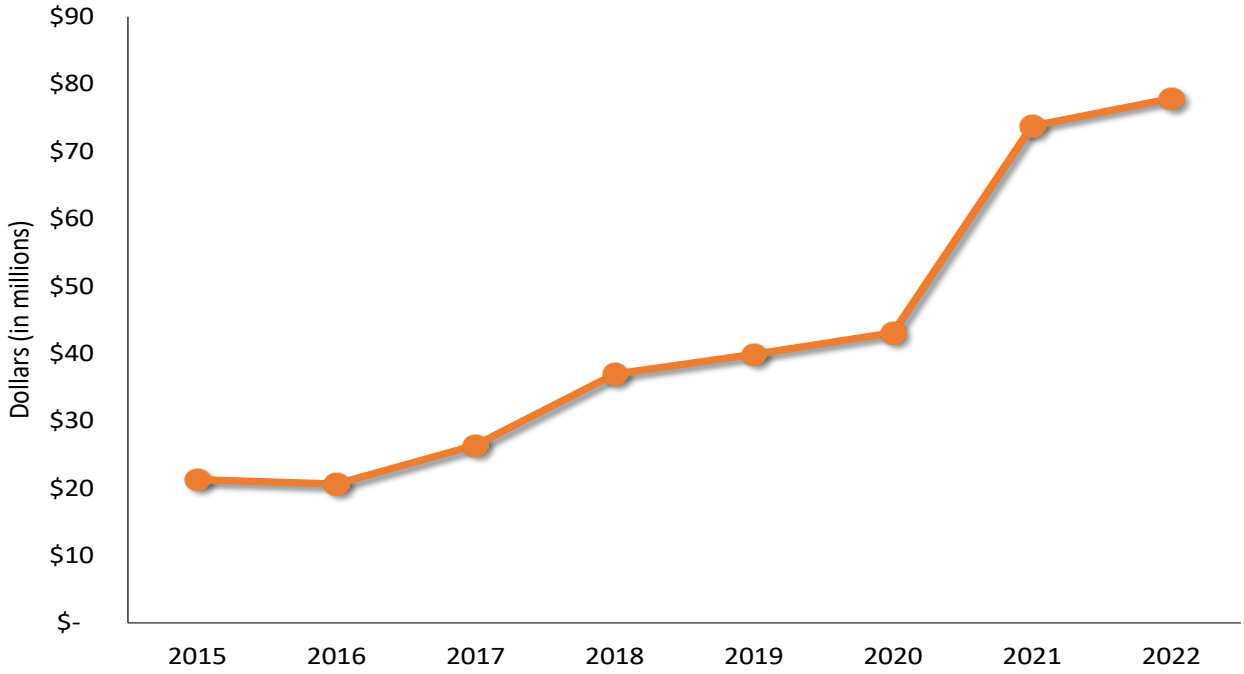
*Other category includes occupancy costs (2.7%), repairs and maintenance (1.2%), recruiting (0.8%), automobile (0.5%), insurance (0.5%), physican services (0.9%), administraiton (0.6%), interest on long term debt (0.4%), and honoraria (0.1%)

Trends in Revenue by Funding Source 2015-2022



Finance

Total Revenue from 2015-2022



	2015	2016	2017	2018	2019	2020	2021	2022
TOTAL REVENUE	$21,275,799	$20,609,970	$26,387,551	$36,955,205	$39,871,427	$43,064,798	$73,793,173	$77,846,765
REVENUE BY SOURCE	2015	2016	2017	2018	2019	2020	2021	2022
Health Canada	$12,636,055	$12,270,848	$15,126,361	$20,456,860	$21,041,065	$25,374,476	$53,580,046	$48,397,371
MCSS/ MCYS	$5,681,385	$3,949,175	$3,773,166	$5,635,153	$5,836,756	$2,671,082	$3,331,425	$3,481,243
MOH/ Ontario Health	$220,000	$453,300	$5,096,026	$8,262,536	$9,912,828	$11,061,135	$11,048,294	$14,431,045
Other	$868,505	$1,336,228	$867,499	$559,170	$856,707	$1,496,993	$2,754,547	$8,548,805
SLRPSI	$1,906,916	$2,299,323	$2,129,376	$2041,486	$2,224,071	$2,461,112	$3,078,861	$2,988,301

Privacy Program

SLFNHA started the Privacy Program to meet its Privacy obligations under the Privacy legislation (e.g. PHIPA, PIPEDA, and the principles of OCAP) based on the Privacy-related resolutions by the Chiefs in Assembly. SLFNHA takes 'Privacy and Confidentiality' seriously, as a part of our privacy culture and has the 'Privacy Management Program' to monitor the privacy and security of data/information compliance on an ongoing basis.

Privacy Governance Structure

Distributes accountability and responsibility to the SLFNHA Board, Executive team (CEO, COO, CAO, and CFO), Privacy Officer, and the Program Directors for our privacy management. As a point of contact, the Privacy Officer oversees and manages the SLFNHA Privacy program in compliance with the Provincial (PHIPA – Personal Health Information Protection Act) and Federal (PIPEDA – Personal Information Protection and Electronic Documents Act) legislation and the principles of OCAP (Ownership, Control, Access and Possession).

Ongoing monitoring of privacy and security data compliance

- All required steps are taken to protect client's personal health information from theft, loss and unauthorized access, copying, modification, use, disclosure, and disposal.
- Audits and investigations are conducted to monitor and manage our privacy compliance.
- All staff are trained to protect client privacy and only use personal health information for the purposes consented to by the clients.

SLFNHA Privacy Program is addressing the key considerations/structures of the Privacy office and implementing the Privacy compliance frameworks to protect the Personal Health Information for both SLFNHA and SLRPSI.

Privacy Office

The Privacy Office supports SLFNHA regionally and the communities served with the goals of:

Expertise and Communication

- Information is secure under SLFNHA's custody, and the team has the necessary training, awareness, and capability to provide services according to privacy best practices.
- The Privacy Program governs and operates proactively and helps staff to understand the rules and make them accessible to all.

Compliance and Fairness

- The team always agrees and complies with SLFNHA Privacy and Confidentiality policies and agreements at work, and works to support vision, mission and values of SLFNHA.

Privacy Program

Highlights and Achievements – Privacy Office (SLFNHA and SLRPSI)

Governance And Operational Management

- Privacy Officer acted as the point of contact for Organizational-wide (SLFNHA and SLRPSI) privacy breaches and leading them to resolution under the direction of the SLFNHA COO and Executive.
- The Privacy Officer continuously monitored supported, and established the reporting system for the Access, Consent Directives including the Lockbox and ROI (Release of Information).
- Successfully submitted the Annual ROI and Breach stat to the IPC (Office of Privacy Commissioner), for this fiscal year (2021-2022).

Annual Privacy Training

- Successfully implemented annual staff training with new module for existing and new staff.
- Achieved an increase in completion rate from 2020-2021 to 2021-2022. This increase in trend from last year is seen under all the categories like Organization-wide, Healthcare Custodians and the Hostel & Administration.

Moving Forward

The Privacy Program will move towards the Phase-II implementation of the Privacy goals aligning the Privacy Framework to SLFNHA's strategic goals, in the upcoming Fiscal Year (2022-2023).

As part of centralizing the Privacy and Data governance of SLFNHA, the Privacy Platform will be implemented organization-wide, to ensure end-to-end Privacy management to address current gaps. This Phase-2 Privacy goal will help us to accomplish:

- Data inventory and data mapping of our Health Information systems (EMRs and other systems with Personal Health Information and Personal Information).
- Privacy- Security risk and gap analysis across the organization.
- Centralizing the auditing and content directive (including Lock Box).
- Organization-wide Privacy Impact Risk Assessment and risk remediation.

Privacy Training - Annual Statistics Report and Trends

Category	2020-2021	2021-2022
Percentage of Healthcare Custodians Training Completed	86%	96%
Percentage of Hostel & Administration Training Completed	57%	78%
Percentage of training completed Organization-wide	72%	89%
Percentage of Outstanding Training	28%	11%

Independent Auditor's Report

To the Board of Directors of Sioux Lookout First Nations Health Authority:

Opinion

We have audited the financial statements of Sioux Lookout First Nations Health Authority (the "Organization"), which comprise the statement of financial position as at March 31, 2022, and the statements of operations and changes in net assets and cash flows 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 Organization as at March 31, 2022, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

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 Organization 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 accounting standards for not-for-profit organizations, 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 Organization'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 Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

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

ACCOUNTING › CONSULTING › TAX
1205 AMBER DRIVE, SUITE 210, THUNDER BAY ON, P7B 6M4
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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 Organization'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 Organization'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 Organization 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.

MNP LLP

Thunder Bay, Ontario

Chartered Professional Accountants

August 12, 2022

Licensed Public Accountants

1205 Amber Drive, Suite 210, Thunder Bay, Ontario, P7B 6M4
T: (807) 623-2141 F: (807) 622-1282 MNP.ca

MNP

Sioux Lookout First Nations Health Authority
Statement of Financial Position
As at March 31, 2022

	2022	2021
Assets		
Current		
Cash and cash equivalents *(Note 4)*	**39,582,899**	21,607,369
Accounts receivable *(Note 5)*	**638,144**	402,472
Prepaid expenses and deposits	**1,047**	156,591
HST recoverable	**1,069,470**	447,685
Due from funding agencies *(Note 6)*	**10,102,341**	14,108,016
	51,393,901	36,722,133
Due from Sioux Lookout Regional Physician Services Inc. *(Note 7)*	**384,677**	389,978
Tangible capital assets *(Note 8)*	**15,254,342**	13,198,385
Collections *(Note 9)*	**15,000**	10,000
	67,047,920	50,320,496
Liabilities		
Current		
Accounts payable and accruals	**7,707,324**	7,087,506
Government remittances payable	**443,179**	375,291
Deferred revenue *(Note 10)*	**25,358,518**	16,765,131
Due to funding agencies *(Note 11)*	**8,953,808**	6,529,010
Deferred contributions related to capital assets *(Note 12)*	**1,007,048**	1,065,773
	43,469,877	31,822,711
Term loans due on demand *(Note 13)*	**6,758,655**	5,396,203
	50,228,532	37,218,914
Commitments *(Note 14)*		
Contingencies *(Note 15)*		
Subsequent event *(Note 22)*		
Net Assets		
Unrestricted	**7,975,749**	5,283,173
Invested in capital assets	**7,503,639**	6,746,409
Restricted	**1,340,000**	1,072,000
	16,819,388	13,101,582
	67,047,920	50,320,496

Approved on behalf of the Board

Director

Bertha Grant
Director

The accompanying notes are an integral part of these financial statements

Sioux Lookout First Nations Health Authority
Statement of Operations and Changes in Net Assets
For the year ended March 31, 2022

	Unrestricted Fund	*Invested in Capital Assets*	*Restricted Fund*	*2022*	*2021*
Revenue					
Indigenous Services Canada	**56,932,033**	**-**	**-**	**56,932,033**	67,935,952
Ministry of Children, Community and Social Services	**3,481,243**	**-**	**-**	**3,481,243**	3,331,425
Ministry of Health	**18,076,881**	**-**	**-**	**18,076,881**	13,416,330
Other income	**8,828,448**	**-**	**-**	**8,828,448**	2,958,897
Sioux Lookout Regional Physician Services Inc. *(Note 7)*	**2,988,301**	**-**	**-**	**2,988,301**	3,078,861
Amortization of deferred capital contributions *(Note 12)*	**58,725**	**-**	**-**	**58,725**	280,518
Change in deferred revenue *(Note 10)*	**(8,593,387)**	**-**	**-**	**(8,593,387)**	(14,636,424)
Funder recoveries	**(3,925,479)**	**-**	**-**	**(3,925,479)**	(2,572,386)
Total revenue	**77,846,765**	**-**	**-**	**77,846,765**	73,793,173
Expenses					
Administration and internal allocations	**121,409**	**-**	**-**	**121,409**	(79,298)
Advertising, recruiting and promotion	**396,825**	**-**	**-**	**396,825**	325,646
Amortization	**1,410,262**	**-**	**-**	**1,410,262**	1,695,592
Automobile	**182,795**	**-**	**-**	**182,795**	147,478
COVID-19 supplies	**681,326**	**-**	**-**	**681,326**	1,358,891
COVID-19 support purchases	**565,180**	**-**	**-**	**565,180**	6,058,931
Honorariums	**109,100**	**-**	**-**	**109,100**	92,754
Insurance	**287,840**	**-**	**-**	**287,840**	216,225
Interest on long-term debt	**383,591**	**-**	**-**	**383,591**	290,579
Occupancy costs	**4,103,723**	**-**	**-**	**4,103,723**	2,096,380
Office equipment, materials and supplies	**3,045,625**	**-**	**-**	**3,045,625**	8,368,600
Physician services	**115,073**	**-**	**-**	**115,073**	51,169
Professional fees and contractor services	**7,169,962**	**-**	**-**	**7,169,962**	5,549,007
Program materials, supplies and services	**10,664,025**	**-**	**-**	**10,664,025**	5,213,582
Repairs and maintenance	**1,278,900**	**-**	**-**	**1,278,900**	1,016,992
Salaries and benefits	**33,210,060**	**-**	**-**	**33,210,060**	28,790,197
Travel, training and meetings	**10,403,263**	**-**	**-**	**10,403,263**	7,346,730
Total expenses	**74,128,959**	**-**	**-**	**74,128,959**	68,539,455
Excess of revenue over expenses	**3,717,806**	**-**	**-**	**3,717,806**	5,253,718
Net assets, beginning of year	**5,283,173**	**6,746,409**	**1,072,000**	**13,101,582**	7,847,864
Change in invested in capital assets *(Note 16)*	**(757,230)**	**757,230**	**-**	**-**	-
Interfund transfer *(Note 17)*	**(268,000)**	**-**	**268,000**	**-**	-
Net assets, end of year	**7,975,749**	**7,503,639**	**1,340,000**	**16,819,388**	13,101,582

The accompanying notes are an integral part of these financial statements

Message from Chief Administrative Officer Monica Hemeon

As I reflect upon my first year at SLFNHA, I would like to say meegwetch to all the staff and leadership at SLFNHA, the Board, the communities, and the people we serve, for welcoming and supporting me during the past year. Meegwetch. There were many challenges during this time, which included going into year 2 of the COVID-19 Pandemic and the weather-related closures of hotels impacting the accommodation of clients. As we start to see a glimpse of what life will be post pandemic, there has been growth and development in all areas of SLFNHA. I am excited to see that SLFNHA is becoming more proactive in planning our supports and services.

Client Services Department (CSD) went through a structural change to better serve clients and communities. A big thank you to Darryl Quedent for his years of service to the CSD, as he shifted to his new role as Director of Real Property. Sandra Linklater assumed the role of Director of CSD, combining Medical Transportation, Navigation Services, and Accommodations, which includes the Jeremiah Mckay Kabayshewekamik Hostels. Karen Costello (JMK1) and Michael Cummine (JMK2) became the Associate Directors to their respective facilities, which made for better decision making and responsiveness to the client and communities' needs. JMK has faced many challenges including staffing shortages, COVID-19 related issues, and increasing accommodation numbers. We want to thank all our staff for the last two years for their work during a global pandemic. Your dedication to our communities and clients did not go unnoticed.

Human Resources has continued their focus on both COVID-19 requirements, and recruitment and retention. The HR team gained both a Director of People and Culture, Jason Marchand, and an Associate Director of Culture, Anna Marie Kakegamic. Having a lead for culture will bring consistency to the organization's various cultural staff, assist the Elders Committee to provide guidance on how we do things, and to integrate culture, language and traditional teachings throughout the organization. Recognizing that recruiting staff to Sioux Lookout is an ongoing challenge, due to lack of accommodations and office space, Administration looked into the creation of a satellite office. Thunder Bay was chosen as an appropriate site, due to many SLFNHA clients going there to access health care.

Our Communications and IT Departments have maintained and improved service levels to mitigate all challenges. The Communications Team has been busy keeping up with all COVID-19 messaging. They are now working on long term strategies for social media, visual identity, and to better represent First Nations communities and people in SLFNHA advertising and content. The 'Community Faces Initiative' and associated Photo Contest is helping to build our stock of photos that are relevant and relatable to First Nations. Information Technology has remained consistent with the needs of the organization and has kept up with the organizational growth and advances in technology.

Highlights and Achievements

- Restructure of the Client Services Department.
- Navigator Program funding received for navigators in Sioux Lookout, Winnipeg, and Thunder Bay, with recruitment underway. This will assist our community members through the health care system when out of the community.
- Thunder Bay Office opened for better access to Health Human Resources and to assist client access to health care services.
- Updating HR Policies to align with Provincial requirements.

Challenges

- Health Human Resources vacancies related to people leaving the workforce post pandemic.
- Staff engagement and retention during and post-pandemic.
- Staff working remotely during pandemic, bringing them back safely to office setting.
- COVID-19 challenges, requirements, and restrictions.
- Weather related closure of one of the largest hotels in Sioux Lookout used to accommodate clients and staff.

The Thunder Bay office is located at 981 Balmoral Street, Suite 200.

Above: Fort William FN Chief Peter Collins is presented with a gift at the office opening ceremony.

Moving Forward

- New food services provider that supports SLFNHA needs and collaborates to provide menu choices that clients want.
- Navigator Program to assist clients coming out of their communities for care in larger centers.
- Advocating for increased optometry services in regional communities.
- Increasing bed spaces for client accommodation in Sioux Lookout.

Human Resources

The Human Resources (HR) team is made up of fourteen (14) staff who work to support employees and leadership in providing service excellence to the 33 First Nations served by SLFNHA. HR services are provided through several systems including:

- Talent Management/Recruitment
- Compensation and Benefits
- Training and Development
- Health and Safety
- Employee Relations
- Performance Management
- Culture

SLFNHA has more than five hundred and twenty five (525) employees and continues to develop and grow new and more complex programs and partnerships.

Total Number of Staff By Department		
	2020-2021	2021-2022
ACW	43	60
PCT	48	50
Developmental Services	19	24
Nodin	42	45
Physican Services	17	30
Health Transformation	-	5
Northern Clinic	25	28
Hotels 1 & 2	192	224
Administration	11	13
Finance	15	22
HR	14	12
IT	9	12
TOTAL	425	525

128 New Hires

21 New Positions

525 Total Staff

Highlights and Accomplishments

People and Culture

Both a Director of People and Culture and an Associate Director of Culture were hired to help lead efforts and advance organizational systems and traditional cultural values. There was a number of new staff who started and staff adjusting to new positions, including HR Manager, Talent Acquisition and HR Information Systems Coordinator, Policy Analyst, Senior HR Advisor, HR Advisor, Benefits Coordinator, Term Staff Health Nurse and Program Assistant. With this much change, a lot of learning and program development occurred.

Human Resources

COVID-19

The ever-changing needs of keeping communities and staff safe from COVID-19 elevates and creates many Human Resources functions. These include but are not limited to:

- Redeployment of Staff.
- COVID-19 health and safety monitoring and policies (e.g. surveillance testing, masking, travel, immunization and Infection Prevention and Control (IPAC)).
- Operation Remote Immunization Phase 3 (ORI 3).
- Working from home protocols.

Orientation

The HR Team has worked with Leadership in the development of a two-day staff orientation.

Improved Systems Development

Position Requisitions	New CINUP Benefits
Policy Development from Federal Jurisdiction to Provincial	

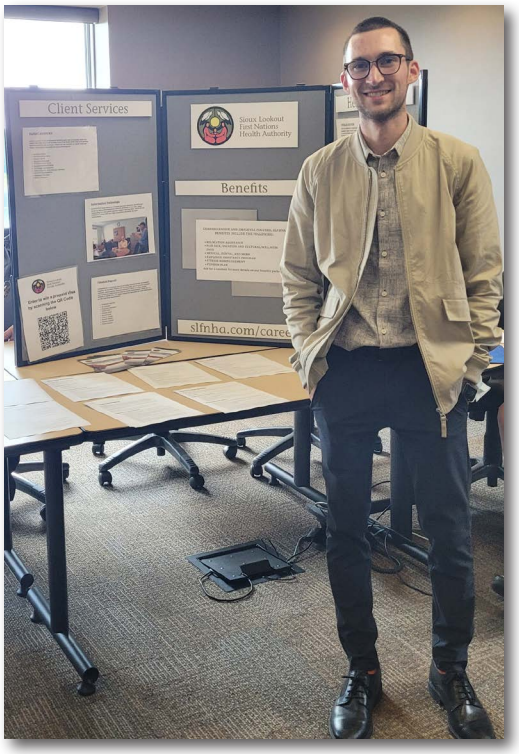
Recruitment

Several adjustments are being made to recruitment sourcing efforts and planning. HR has increased social media-based advertising such as Facebook, LinkedIn, and Indeed. Increased community-based and other job fair engagements are underway

Training and Development

Programs to assist staff are continuing in development. 882 hours of education were completed through the HR Downloads software. Other educational session examples:

- Customer Service Excellence
- Lateral Violence
- Managing Change
- Wilderness Survival Skills
- Mental Health First Aid



SLFNHA/Sioux-Hudson
Employment Services Event

Challenges

Recruitment: More initiatives are being examined to bring positions closer to communities and staffed by community members wherever possible.

HR Systems: System and policy development continues to ensure best practice.

Organizational Culture: Ensuring that we are providing effective, appropriate services for staff and the 33 First Nations served by SLFNHA.

Information Systems: In collaboration with the Finance department, HR has selected a Human Resources Information System (UKG). Work has begun on the development and implementation of this new product.

Moving Forward

Strategic Human Resources Plan (SHRP) – Development has started for a SHRP that will work with SLFNHA's Strategic Directions 2022-27 (Community Ownership, Health Transformation, Service Excellence), along with the core Mission, Vision and Values.

SLFNHA Employee Statistics

New Positions Created	21
New Departments Created	2
New Employees Hired	172
Number of Staff Visits to the Learning Pad	228
Training Hours Logged by Staff	882
Staff Health Tickets Actioned	1162

Information Technology (Corporate IT)

9072

IT tickets completed

76%

of users contacted within 1 day of ticket being created

Highlights

- Transitioned to Scale server organization wide.
- Promoted from within 2 Help-desk technicians to Information Technologists.
- Implemented Windows autopilot for more security.
- Implemented location tracking on devices.
- Continued to enter all the new assets in IT asset management center.
- Upgraded to Gigabit internet connection.
- Updated the KABA servers and software.
- Implemented the SLFNHA staff Intranet.
- Transitioned all the key fob system under Protégé.

New categories in Help-Desk are created for the following departments:

- Health and Safety
- Health Information Services
- Property
- Staff Health

New buildings with proper IT infrastructure was setup at the following locations:

- 41 & 42 King street location (DS)
- Sunset Inn (ACW)
- Thunder Bay office
- Train Station office (Nodin)

Challenges

Staff Shortages	Payroll Office Network Upgrade
Network Outages Resolution Rate	Tracking Lost Devices

Moving Forward

Disaster Planning and Recovery Improvements	Increase Network Security
Phishing and Network Testing	Improve IT Oritentation for new staff

Information Technology (Clinical IT-SLRPSI)

Clinical IT and OSCAR EMR support to the staff of the Northern Clinic and all physicians working under SLRPSI.

Highlights

- OLIS integration to OSCAR: Allows our doctors to view and download reports for the tests/procedures performed at other participating facilities.
- Staff/doctor training completed – 61.
- The IT team visited the Cat Lake Nursing Station to check the equipment inventory and train staff on how to use SLFNHA IT equipment.
- OSCAR Merge: Merged both NAC and HAC databases.

Challenges

- Tracking/Accountability of the devices shipped to the northern communities.
- Chromebooks not being used in northern communities due to the high nurse turnover rate.
- PrescribeIT: Electronic prescribing tool on hold due to a lack of participation from Sioux Lookout pharmacies.

Moving Forward

- OCEAN: Is an eReferral software that will replace the existing fax referral system.
- OSCAR Merge: Merging both NAC and NAC databases into one. This improves access to patients' information and eliminates duplicate records.
- Outside users' access to OSCAR EMR: Nurse practitioners and physicians from SLFNHA Primary Care Team, Developmental Services, Matawa, and Indigenous Services Canada would like access to OSCAR database. This will reduce work redundancy and improve patient care by providing access to current information.
- Dictation software for OSCAR: This will help our doctors decrease paperwork.
- Developing online training materials for new doctors and employees to improve the onboarding process.
- Update the Privacy Impact Assessment for OSCAR.

What is OSCAR?

OSCAR is a fully featured Electronic Medical Records (EMR) software program designed by doctors for doctors, for use in medical offices. OSCAR is also used by a variety of other front line health care professionals, including registered midwives, social workers, psychologists, nurse practitioners, and physiotherapists.

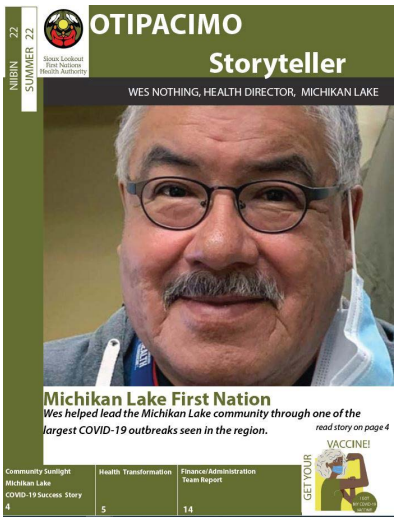
Communications

The Communications Department is responsible for:

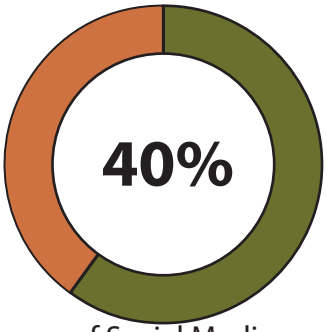
Advertising	Media Relations	Writing and Editing
Graphic Design	Social Media	Website Design & Maintenance
Employee Intranet	Supporting Corporate and Board projets upon request	

Communications employs three full-time staff; two based in Thunder Bay and one in Sioux Lookout.

Highlights



- Published 2020-21 Annual Report.
- Supported 2021 Virtual AGM planning and execution.
- Supported 26 Facebook Live events with Dr. Lloyd Douglas.
- Two Communications Officers hired.
- Manager role created and hired.
- Drafted Social Media Policy & Strategy Guide.
- Drafted Communications Department Policies & Procedures.
- Updated Visual Identity Guide & SLFNHA Templates.
- Added Land Acknowledgement to email signatures.
- Increased followers on social media (chart below).
- Supported standardization of Organizational Charts.
- Community Faces Initiative to better represent the First Nations of the Northwest.
- Re-named SLFNHA Newsletter to Otipacimo, or 'Storyteller' in Anishinabe.
- Improved collaboration with HR on recruitment efforts.



of Social Media followers are from regional First Nations

Social Media Followers (Growth in past 12 months)			
Facebook	3000	4100	+37%
Twitter	68	280	+311%
LinkedIn	1200	2100	+75%

26 Facebook Live events with Dr. Lloyd Douglas

718 views per video

Challenges

- Complete turnover of department staff.
- Competing deadlines to support projects across the organization.

Moving Forward

- Re-design website.
- Formalize media monitoring and reporting.
- Finalize Comms Team Polices and Procedure, Social Media Policy.
- More attention to intranet and website maintenance.
- Re-establish quarterly newsletter, published in English and Syllabics.

Client Services

The Client Services Department (CSD) provides non-medical services for First Nation clients travelling to Sioux Lookout and other urban centres for medical appointments. This includes accommodations at Jeremiah McKay Kabayshewekamik Hostels 1 and 2, ground transportation, as well as client advocacy and support.

Jeremiah McKay Kabayshewekamik 1
Location: Meno Ya Win Health Centre
Accomodates: 180 guests

Jeremiah McKay Kabayshewekamik 2
Location: 3 Sturgeon River Rd
Accomodates: 240 guests

78,587 nights accommodated	**56,899** client shuttle pickups
236 Employees	**260,000** meals served

Client Services

Achievements

Installation of Playgrounds

Both hostels now have playgrounds with patio furniture, and aach location has its own design with plans for additions. JMK 1 playground is located in the back area of the building and JMK 2 is located in the rear of the parking lot.

Support Workers

In early 2022, client services absorbed the existing role of Benefits Manager. This employee had previously looked after Discharge, and in addition, now supervises the following hostel support workers:

- Wellness workers and Guest services representatives
  Assist with wellness checks, directing clients to rooms, making keys, answering questions.

- Activity coordinators
  Create events for clients during their stay at the hostel and assist with other hostel affairs. (Bingo, beading, movie nights etc.).

- Transitional worker
  Assist long term hostel guests to be independent and live on their own. Assist with setting up payments for services such as phone, cable, mail, etc.

Guests also have access to a Client Advocacy worker who follows up on any issues. This could include anything ranging from issues with the treatment received at the hospital to getting the correct navigator for their medical trip to Sioux Lookout.

Upgrades to Client Rooms and Hostel Amenities

- Carpets have been removed and replaced with laminate flooring. Due to the recent shortage of rooms in Sioux Lookout, this project has been put on hold temporarily.
- Pillows and comforters have been replaced and upgraded. Both hostels have received upgrades to dining areas. JMK 2 has upgraded both its dining room furniture and its kitchen area to be able to supply warm meals for breakfast, lunch and dinner. These meals will be the same as those being offered at JMK 1.
- Smart TV's installed in both hostel lobbies to display SLFNHA services, COVID-19 updates, health and safety awareness, local news, and weather.

Tareq Alshamaileh receiving an award for his life-saving work as Head of Security

Training for Staff

The hostel is always looking to provide training for their staff. This can involve local agencies, SLFNHA departments such as Approaches to Community Wellbeing, Primary Care Team and more. With Covid restrictions, getting people together for training proved to be a challenge in the boardroom located at JMK 2. CSD utilized local hotels for added space along with the Sioux Lookout Legion to continue staff training and career development.

Training options include:

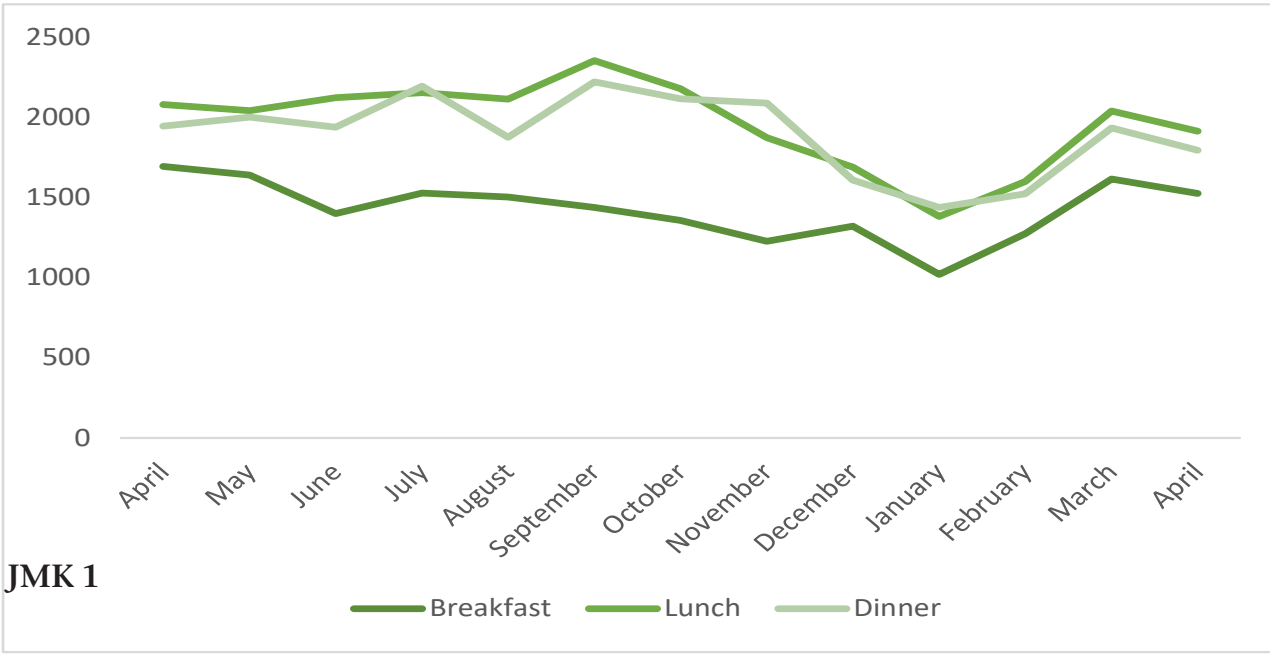
WHMIS / MSDS	Wilderness Training
Safe Lifting Practices	Defensive Driving
Non-Violent Crisis Intervention	Privacy Training
Conflict Resolution	Emotional Intelligence
Leadership Training	Language Training (Oji-Cree)
Customer Service Excellence	Small Engine Safety

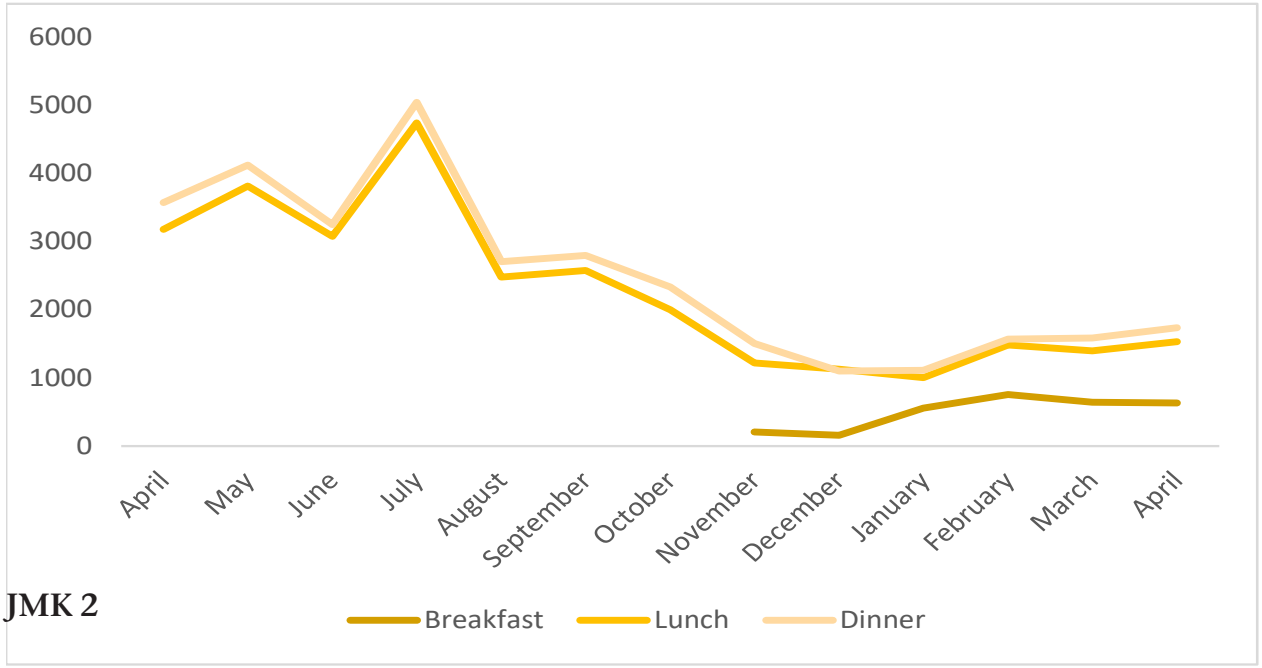
Basic First Aid / CPR / AED / Naloxone

Dietary Update at JMK Hostels

- Due to COVID-19, the hostels had to reach out to find a food provider in late 2020. Windigo catering has since provided daily meals to JMK 2 and surrounding hotels by preparing and delivering meals out of the Hub at the Sioux Lookout airport.
- As the hostels strive to provide the best meal options for clients, a Request for Proposal was issued publically and responded to by two local businesses.

Daily Meal Count - JMK 1 & 2
April 2021 - April 2022



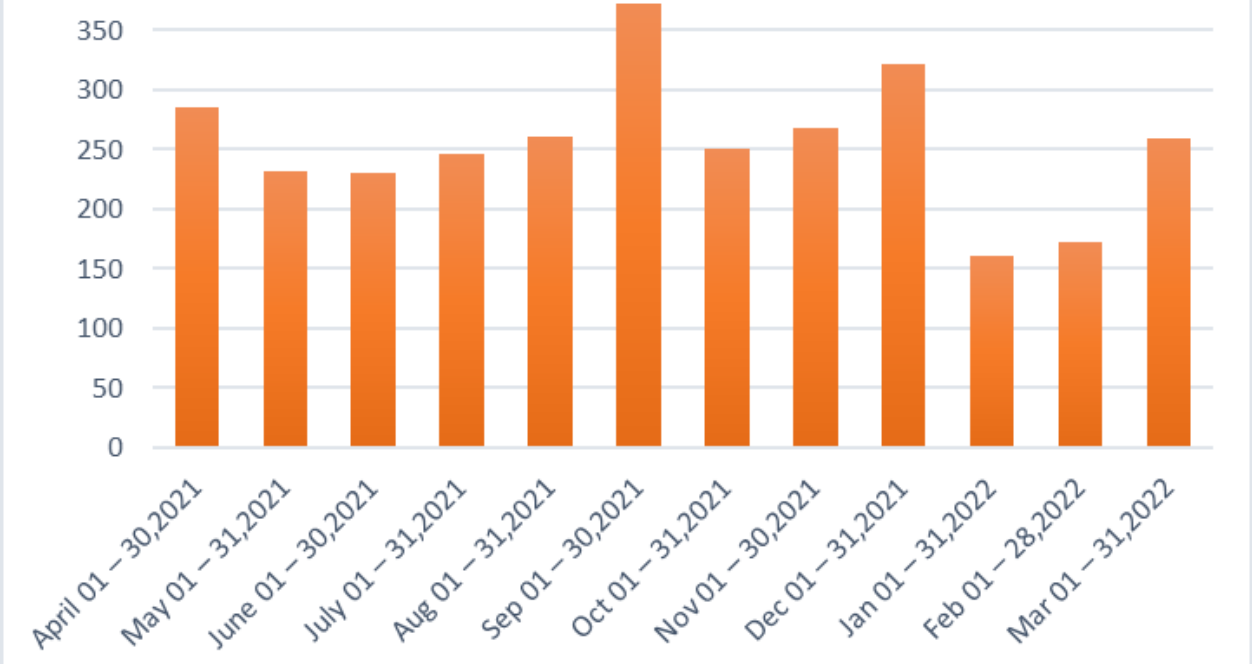


*note: from April-November a continential breakfast was served. No data is available for indivudual breakfast for that period.

Security Update at JMK Hostels

- The security program is in the process of being re-branded as more of a client focused approach rather than a department that is looked at as “policing” clients.
- Uniforms are being ordered to reflect a less aggressive colour and is going with a “SLFNHA Green” rather than a dark blue.
- Dealing with difficult situations such as child safety, substance abuse, domestic violence, self-harm ideation, racism, medical emergencies and more, security at the hostel responded to 3061 situations this last year including 172 calls for 911.
- Security at the hostel has been commended by the local OPP for the improvements in JMK security team practices.

Number of Incidents at JMK Hostels



*__An incident is recorded__ anytime that security is called by clients or staff at the hostels. Examples include: alcohol, loud noise, child concerns, clients in distress, and requests for help.

Calls Made to 911

Year	911 Calls
April ‘21 - March ‘22	172 (-21.5%)
April ‘20 - March ‘21	219

Security Calls to OPP

Date	JMK1	JMK2	Total
April 1, 2021 - March 31, 2022	202	267	469

Challenges

2021 Summer Storm

A severe storm knocked out power and damaged many houses and buildings, including the Sunset Inn & Suites. Clients were picked up from the Sunset and brought to JMK 1 to find alternative accommodations.

The damage to the hotel resulted in the hostel looking everywhere for places to house people in Sioux Lookout for health care. JMK staff contacted local and regional hotels, lodges and camps. Some of the accommodations were not ideal, everyone had a place to stay until better options became available.

Power Outages

- Power outages are a frequent occurrence in Sioux Lookout. Directors and CAO are notified based on severity.
- If it is a prolonged occurrence, clients are notified via wellness checks and written notifications.
- Staff at the hostels are prepared to react during outages with generators, flashlights, lamps and batteries.
- JMK1 upgraded backup emergency lighting to last 6 hours. JMK2 is in the process of a similar upgrade.
- Clients have access to the generators to power their phones so they can contact loved ones and keep them updated to receive news while power is being restored.

Staff Shortage

This has been an ongoing challenge. With fears and restrictions around the pandemic during the last two years, some people have been hesitant to return to work. Housing shortages in the area has people who would like to come to Sioux Lookout and work unable to find stable housing solutions.

Accommodations

To alleviate stays at hotels, CSD is looking to acquire a local hotel to handle the overflow. JMK1+2 can accommodate most nights, but weather, COVID-19, power grid instability and cancelled flights sometimes require JMK staff to access extra rooms immediately. CSD has looked into purchasing or getting a block of rooms at Sioux Lookout Inn and Suites, Forest Inn and the Lamplighter Motel. CSD is also improving the accommodation system which eliminates the need for JMK 2 clients go to JMK 1 for re-accommodation.

Moving Forward

JMK1 Expansion

Adding a new wing to JMK 1 will provide an additional 52,780 square feet of room to add 70 new rooms, including long-term suites along with space for a commercial kitchen and 13 office spaces for employees.

Message from Chief Operating Officer Janet Gordon

The past year has been a testament to the strength of the SLFNHA staff and the communities that we serve.

I would like to thank staff who were redeployed to assist with SLFNHA's COVID-19 response while continuing to serve in their existing roles. I would like to acknowledge the community pandemic teams who worked tirelessly throughout this pandemic, especially during the Omicron wave.

As we move towards the COVID-19 Recovery Phase and learn how to live with COVID, we have renewed and shifted our priorities. While everyone involved with the COVID-19 response put forward tremendous efforts, cracks within the fractured health system have been exposed. Throughout the last two years we have seen how communities have suffered with the compounding effects of COVID on top of the existing inequities. We have also encountered challenges with physician retention and recruitment. While we have been making every effort to provide continuity of physician services for the North, this issue is not isolated to our region. There is currently a national shortage of family physicians, and we are competing with urban areas for resources.

Along with staffing shortages and inequities highlighted by the pandemic, jurisdictional ambiguity has continued to complicate advocacy efforts. Nonetheless, we have pushed forward with our advocacy and program implementation. Last year dental services in communities rose to a crisis situation, due to poor community infrastructure and the closure of the Sioux Lookout dental clinic.

Community dental upgrades are being led by Tribal Councils, and SLFNHA and Indigenous Services Canada have co-developed a Children's Waitlist Strategy to reduce wait times. A space at the Sioux Lookout Train Station has been identified for a dental clinic to help with the backlog. Looking forward, SLFNHA has been funded to develop and design a business case for the Children's Oral Health Initiative for all SLFNHA communities to help in the transformation of our regional healthcare system.

The Health Transformation Unit has also been working on client coordination, nursing, Hospitals Without Borders, and long-term care. In regards to client coordination, the process of formulating an electronic Comprehensive Client Coordination System has begun. Re-engagement for the community Electronic Medical Record with leaders at the Tribal Council and community levels has begun to confirm what infrastructure is needed at the community level. While both the Long-Term Care project and the nursing strategy are in their beginnings, the Hospitals Without Borders project is ready to begin community engagement. As we return to in-person meetings, the use of technology has enabled us to continue meeting virtually to move projects forward. Regular online meetings with the SLFNHA Board, Chiefs, Tribal Councils and partners have allowed us to receive ongoing direction and feedback while following public health precautions.

Community response efforts have been extraordinary and exemplary of a future health system where we take care of our own, in our own way. Together we will continue to move forward, improving the health and wellbeing of our peoples.

Miigwetch.

Approaches to Community Wellbeing

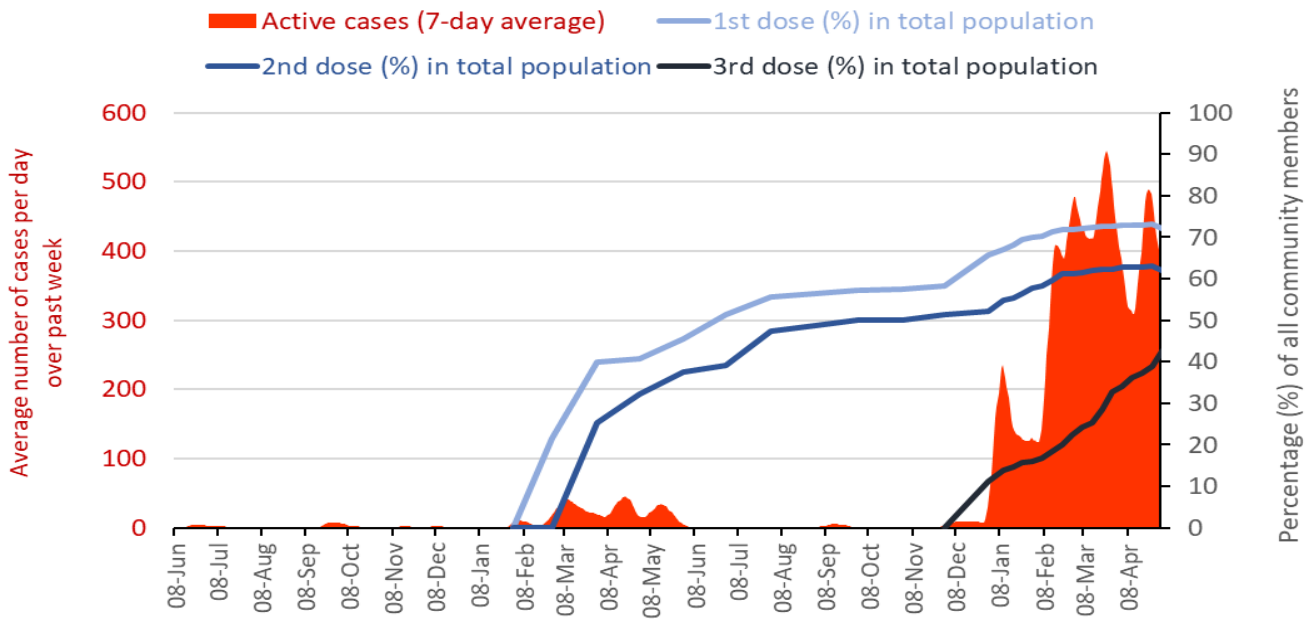
Approaches to Community Wellbeing is a First Nations-informed public health system that focuses on preventing illness and improving the health of First Nations people. ACW's services are represented in the 7 programs in the tree diagram presented here.

ACW's work through 2021-22 has set up a seamless transition to align and support SLFHNA's strategic directions for the next five years to 2027 (Community Ownership, Health Transformation, and Service Excellence). This is shown in ACW's commitment to community engagement, training and capacity building at the local level and improving public health programming to transform the system for improved future health outcomes and deliver service excellence for First Nations today. ACW staff have persevered in 2021-22 in spite of the challenges the pandemic has presented and plans to increase public engagement activities as public health measures respond and help communities return to normal.

The number of staff has fluctuated slightly, but as of the end of March 2021, the department had 64 staff. This includes a mix of full time, part time, and casual staff. Under the COVID-19 Regional Response Team (CRRT), an additional 7 staff were redeployed from other SLFNHA departments during the Omicron surge to support COVID-19 case management and contact tracing.

Summary COVID-19 Situation since the beginning of Pandemic until March 31, 2022

Total Sioux Lookout Area First Nations Population (2019 IRS projected): 22,449
Number of cases: 3,908 Number of hospitalizations: 44
Number of deaths: 6 Infected rates per 100 during the period: 17.4



Starting February 2021 to March 31, 2022, a total of **38,098** doses of the COVID-19 vaccine was administered in 30 First Nation Communities in the Sioux Lookout Area:

Adult population aged 18+	First doses:	12,014	(82.0%)
	Second doses:	11,092	(75.7%)
	Third doses:	7,157	(48.9%)
Youth population aged 12-17	First doses:	2,177	(74.9%)
	Second doses:	1,845	(63.5%)
	Third doses:	509	(17.5%)
Children population 5-11	First doses:	2,168	(61.4%)
	Second doses:	1,136	(32.2%)
Population aged 5+	First doses:	16,359	(77.6%)
	Second doses:	14,073	(66.7%)
Total population (all ages)	First doses:	16,359	(72.9%)
	Second doses:	14,073	(62.7%)

Roots for Community Wellbeing

Roots for Community Wellbeing (RCW) acts as the the foundation for ACW. It provides the information and support to other components of the model to ensure the services provided are effective, sustainable, and culturally appropriate. This includes collecting and analyzing data, planning and evaluating programs, and reviewing and analyzing policy. RCW's main goal is to ensure communities and leadership have the necessary tools and information to make the best health decisions possible.

Highlights

Redeployed most staff to COVID Rapid Response Team for COVID response, detailed on pages 9-10.

Challenges

- Staff turnover and redeployment and limited ability to implement several projects. (e.g. the communicable disease surveillance system, and mental health and addictions analysis report).
- Limited staff with the skills to provide COVID-19 health surveillance (daily, weekly, and monthly updates/ reports).
- Need for staff that can assist with data translation that would support the translation that outlines appropriate planning, evaluation, and advocacy within the communities SLFNHA serves.

Moving Forward

RCW will continue to regularly support the CRRT with timely reporting of COVID-19 cases and analyses. RCW is recruiting more staff to assist with COVID surveillance. The team will also complete the Immunization Coverage Report for Chiefs in Assembly. Within the Immunization Repository, the team will transfer immunizations from HIS to MIS and the COVID-19 records from COVAX to MIS. RCW will continue to address the need for surveillance to inform policies and programs on infectious and chronic diseases in First Nations. Finally, the RCW team will begin work on its mental health and addictions analyses report. The Information Officer began research for a health promotion and communications strategy, which will be a priority for the next fiscal year.

Preventing Infectious Diseases

Preventing Infectious Diseases (PID) reduces the risk of spreading infections through health promotion, infection prevention and control, tuberculosis and COVID-19 case and contact management.

Highlights and Achievements

Supported Tuberculosis (TB) Prevention and Care by:

- Contact tracing and management.
- Communicating TB information to First Nations' Health Directors and Nurses In Charge to celebrate World TB Day virtually.
- Provided TB education for community health nurses.

- Supported 28 communities with COVID-19 case and contact management, including multiple community outbreaks. This included 3,453 cases from April 1, 2021, to March 31, 2022, and a cumulative total 6,438 cases as of June 24, 2022.
- Operated 24/7 COVID-19 hotline for reporting positive cases.
- Trained community members in contact tracing.
- Developed and delivered health promotion materials for COVID-19.
- Supported health education and health promotion strategies for the COVID-19 vaccine including radio shows, resource sharing, and community visits.
- Oversaw the development and delivery of exemption letter requests using staff redeployed from the Primary Care Team.
- Produced "Amik the Vaccine Champion" children's storybook.

Challenges

- Staff retention. Outbreaks and associated workload increase led to two full time nurses resigning.
- Recruitment and capacity. Short term COVID-19 funding caused problems and reliance on redeployed staff and remote work terms.

Moving Forward

The PID team will continue to support communities in these areas:

- COVID-19 response
- Case and contact management for COVID-19 and Tuberculosis
- Health promotion
- Infection and prevention control
- Sexually transmitted and blood-borne illnesses

Harm Reduction

Harm Reduction focuses on supportive services, policies, and teachings that increase knowledge, skills, and resources. This gives healthy and safe choices to individuals who may use harmful substances, and those around them who may be affected.

Harm Reduction provides:

- Safe equipment for substance use.
- Naloxone training and supplies.
- Support for opioid substitution therapy programs (suboxone).
- Hepatitis C testing campaigns.
- Health promotion materials.

Highlights and Achievements

630,000 Needles sent to **23** Communities

75 Biomedical waste bins sent to **3** Communities

154 people received naloxone training

173 Naloxone kits
150 Replacement medications distributed

Travelled for intensive training on harm reduction, stigma, drug use equiptment, drugs 101, and STBBI's.

On-site support for commuinity-based needle distribution waste dispposal

14 Community evacuation staff received Nalozone training

Provided virtual training to satelite harm reduction workers

Hosted a harm reduction and infection prevention booth at JMK Hostels in the Fall of 2021. Developed Hepatitis C, Harm Reduction, and sexual health resources.

Harm Reduction

Challenges

- Redeployment to the CRRT reduced capacity for harm reduction work and Hepatitis testing campaigns.
- Lengthy vacancies for the Harm Reduction Manager and Worker positions. Staff from other roles were assigned to complete orders. Overall productivity suffered as a result.
- Travel restrictions limited ability to facilitate in-community harm reduction training. Virtual training saw limiting participation.

Moving Forward

The Harm Reduction team aims to resume travelling into communities for service delivery. Work will continue to ensure supply chains are maintained, and creative training and engagement strategies improve harm reduction services using an Indigenous and trauma-informed approach.

Preventing Chronic Diseases

The Preventing Chronic Diseases (PCD) team works to:

- Promote mental wellness and ways of living well (i.e., food and activity).
- Help identify and monitor diseases (e.g. diabetes and cancer).
- Advocate for communities on their journeys of mino-biimadiziwin (living a good life).
- Provide technical support for programs and funding proposals.
- Develop materials and workshops on mental wellness and preventing chronic disease.

Highlights and Achievements

- Supported a community in procuring materials for a greenhouse.
- Drafted the first SLFNHA Diabetes Health Status Report to be published in September 2022.
- Developed trauma-informed and culturally safe User Guides for chronic disease education.
- Prepared health promotion kits for Community Wellbeing Nurses.
- Coordinated youth recreation and leisure activities in response to a mental wellness crisis.
- Collaborated to update school-based diabetes curriculum.
- Hosted four Conversation Booths at JMK hostels focused on mental wellness, suicide prevention, and living well with diabetes.
- Organized two workshops on navigating polarizing COVID-19 conversations.
- Built relationships with 22 First Nations' schools via the Northern Fruits and Vegetables Program funding. This was done on behalf of the Northwestern Health Unit for school nutrition program equipment.

Challenges

- Staff burnout, attrition, and redeployment due to Omicron variant surge.
- You're the Chef, an in-school food skills program, was cancelled due to school closures.
- Health promotion opportunities to support community mental wellness and substance use workers were stalled.
- Securing funding for mental wellness promotion.

Moving Forward

PCD looks forward to resuming a wider scope of chronic disease prevention work. Completion of the Nutritious Food Basket Study is scheduled for July 2022 and a food sovereignty webinar series is planned for the fall. You're the Chef food skills program is planned to resume, along with support to mental wellness promotion and substance use supports at the community level.

Raising Our Children

The Raising Our Children (ROC) team supports children and families in building strong connections to:

Family	Community	Spirituality
Land	Culture	Language

Program staff promote a supportive environment for children to grow and focus on healthy living and healthy relationships.

Highlights and Achievements

- Shifted program delivery from in-person to virtual platforms. This included over 90 healing and wellness events, reaching over 800 people.
- Hosted 7 "Ask Auntie" live events on the Anishinabe Youth Network (AYN) Facebook page. This provided opportunities for youth to ask questions and get answers about health, vaccines, COVID-19, healthy relationships, breastfeeding, and pregnancy.
- Created an AYN TikTok account for health promotion.
- Provided education on lateral violence and online bullying. Information was shared on mental health support lines and websites at the hostels and high schools.
- Travelled to communities to provide support in cleaning, sorting and making care packages for households in isolation, which held traditional medicines and health resources.
- Demonstrated how to butcher a moose in one community after a local youth had a successful hunt.
- Coordinated in-community training on breastfeeding, attachment-based parenting and mental health first aid.

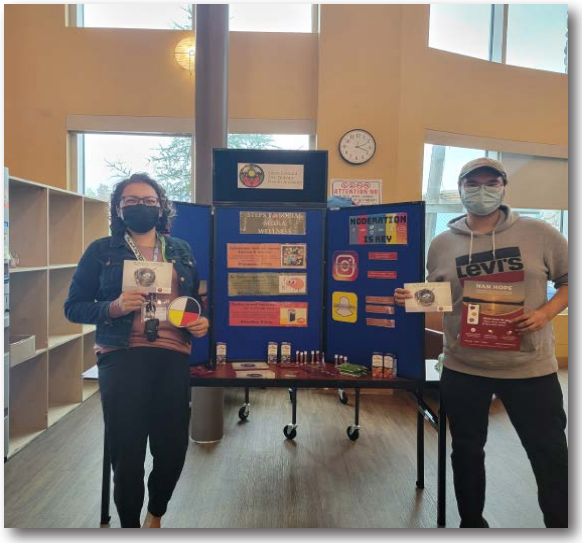
Raising Our Children

Challenges

- Developing creative, scientific, culturally appropriate, and vibrant content for social media.
- Travel restrictions to meet with community members.
- Extended school closures of Pelican Falls and Dennis Franklin Cromarty High Schools limited engagement with students.
- Redeployments for COVID-19 limited staff resources for planned engagement activities and programming.

Moving Forward

ROC plans to connect with communities, youth, youth workers, 2SLGBTQ+ groups, schools and organizations. The goal is to develop a plan to support the mental wellness of children and youth. ROC has received a grant to support Women and Youth leadership and resiliency, which will begin in the new fiscal year. The family health staff will connect and engage with community maternal child health workers. They will assess and develop plans to meet community needs such as breastfeeding support programs, prenatal classes, parenting workshops, and early childhood screening. The healing and wellness staff will continue to offer virtual and in-person healing and wellness opportunities and learning sessions for community members and workers.



Left: ROC Employees at JMK 2

Right: Demonstrating how to prepare a moose after a successful hunt

Safe Communities

Safe Communities focuses are how the community can be made safer as a whole and promotes an atmosphere conducive to health. There are three main program areas:

- Environmental Concerns – addressing risks associated with hazards in natural or built environments.
- Preventing Injuries by reducing intentional and unintentional injuries.
- Emergency Preparedness to ensure communities can prevent and respond to various types of emergencies and other events.

Highlights and Achievements

- Developed a job description and advertised for the Environmental Health Assistant position.
- Completed a literature review on environmental health programming models in consultation with regional partners.
- Drafted a summary report to inform community engagement and the transition of environmental public health services to First Nations governance.
- Provided Incident Management support to five communities during COVID-19 surge events.
- Trained 120 people in Emergency and Incident Management in three different courses.
- Hosted two emergency management workshops for 21 community leaders and band council managers.
- Facilitated a pandemic plan writing workshop for Tribal Council Emergency Management Coordinators and Pandemic Team Leads. There were 14 participants.
- Conducted fire prevention outreach at Pelican Falls High School.
- Produced health promotion materials to highlight Safe Communities programming.
- Provided guidance for indoor ventilation requirements to communities and SLFNHA.

Challenges

- The pandemic has caused delays to the transition of Environmental Public Health Services.
- Recruiting two Emergency Preparedness Coordinators saw obstacles in finding qualified candidates and those willing to relocate.
- Recruiting Environmental Health Assistants who speak Anishinabemowin.

Moving Forward

- Seek funding and recruit Environmental Health Assistants to increase team capacity.
- Continue to provide training, simulation exercises, and help with Emergency Response Plans.
- Help develop a regional emergency response system.
- Begin to explore community engagement and planning around environmental health

Community Wellbeing Nursing

The Community Wellbeing Nursing (CWN) program is equipped to provide mobile nurses and community-based nurses. Our focus has been COVID response by supporting the Preventing Infectious Diseases team with case management and contact tracing. We focused on developing a safe and healthy work relationship with Chief and Council, pandemic teams, community staff, tribal council staff, nursing station staff, and other organizations to meet the demand for efficient and reliable care.

Highlights and Achievements

- Recruited and hired mobile and community-based nurses to remote First Nations.
- New hires trained in cultural sensitivity and trauma-informed care.
- Offered 11 nursing orientations for tribal councils and organizations.
- Conducted 42 First Nation community visits to provide public health nursing related support.

- Provided front-line nursing staff over 72 visits to First Nations for immediate COVID-19 response. Services included swabbing, testing, contact tracing, and support for nursing stations staff. Staff provided information resources on isolating, quarantine guidelines, and communicated community needs to physicians and other health care providers.
- Successfully hosted 17 vaccination clinics in 11 First Nations.There was also assistance for those needing access to their proof of vaccination.
- Provided exemption letter assistance to community members for all medical travel requirements.
- Conducted referrals for patients needing antivirals or mental health resources.
- Community based nurses provided education sessions on Syphilis and resources for managing outbreaks.
- Prepared for the implementation of Mustimuhw Information Solutions. Community nursing activities and workflows were mapped against the cEMR (Community Electronic Medical Record) capabilities. This allowed for activities to serve as a record of client contact. These records could also be used to support enhanced data collection about services offered in community. Nursing service assessments (Care that can be provided in each community) were completed to ensure that appropriate tools and tracking elements would be available for nurses to use in the system. Based on this analysis, specific customizations (e.g. Rourke Baby Record) were requested and built into the system. The team will be trained to use the system.

Community Wellbeing Nursing

Challenges

- Developing and maintaining trust in the communities. There was conflicting information within the community around isolation requirements or outbreak data.

- COVID-19 support travel by staff was met with limited community turnout due to community members' concerns, fears, or misinformation.

- Meeting the needs of community requests with mostly casual staff. The Omicron surge thinned staff more when they became infected with COVID-19 or were identified as close contacts.

- Booking travel, especially amidst an emerging outbreak. Limited accommodations in communities for health care professionals was an obstacle to meeting community requests for extra staff. This resulted in cancellations or increased costs associated with day trips.

Moving Forward

The CWN program has secured funding for the first half of fiscal 2022-23 to support COVID response and recovery, and will seek additional funding to support CWN programs and public health initiatives.

Message from Public Health Physican Dr. Lloyd Douglas

It's been said that The COVID-19 pandemic is the greatest global test of health leadership of our generation. Just when we thought we had enough, the year 2021 to 2022 delivered a tsunami of COVID-19 cases. Notwithstanding the decades-long neglect of public health in First Nation communities, this challenge was met head-on with:

- The resolve of regional, community and organizational leadership;
- The resilience of communities and community pandemic teams;
- The tenacity of SLFNHA redeployed COVID-19 teams (special mention to the preventing infectious diseases team); and
- The strong collaborative partnerships with external stakeholders including Tribal Councils, NAN, and provincial and federal agencies.

Despite tremendous efforts, some people were lost to COVID-19 along the way. I acknowledge the memory of those departed during the past year. Our thoughts and prayers are with the families and the communities that continue to face the direct and indirect impacts of COVID-19.

It has been an honour and privilege to serve and to walk alongside with each community as they implemented their strategies based on their sovereignty and authority to protect themselves from COVID-19. Communities accessed expertise to address the impacts of COVID-19 on individuals and on their entire community health and emergency system.

I am grateful for the collaborative and coordinated actions that promoted resilience throughout the year. Strong relationships and clearer responsibilities were forged as we performed synergistic activities with community and health network partners. As relationships strengthened, we gained a deeper understanding of First Nations' priorities, values, needs, gaps, and challenges. This improved the ability to aid in mitigating risks and challenges. SLFNHA supported existing community capacity by providing timely data and reliable information to communities to empower community members to make the best decisions for themselves. We continue to assess and evaluate our response to ensure better preparedness, response, and recovery.

Moving Forward

While COVID-19 will be with us for the foreseeable future, we move forward with the lessons learned from COVID on multiple fronts.

COVID-19 Recovery – Renewal of Priorities

The pandemic put significant strain on the existing system and on the health-human resources. Pandemic fatigue is far-reaching, and we face a backlog of health programs and services. As we move into the recovery phase,

Message from Public Health Physican Dr. Lloyd Douglas

we must begin with focusing on the people, acknowledging, and celebrating the successes and resilience of everyone who has been working tirelessly throughout the pandemic. We need to provide support for the well-being of the workforce.

We are also now forced to balance competing priorities while working to avoid further workforce fatigue. Hence, rest and recuperation are important tools to sustain and reenergize our workforce to refocus efforts on other urgent priority areas. Mental wellness, primary care, infectious and communicable diseases, dental care, and emergency management are key priority areas that must be fully addressed by all stakeholders.

While maintaining our commitment to the core values, mission, and vision, we should renew our priorities, as COVID has derailed previous strategies. Right now, we must ascertain what matters most for the communities we serve and provide our workforce with a clear direction. We must build on lessons learned, further implement effective innovations, and maintain strong partnerships while sustaining a culture of trust, credibility, and dependability.

Changes to the Public Health System

The pandemic has further highlighted the ongoing jurisdictional issues which continue to present barriers to public health equity for the communities served by SLFNHA. While SLFNHA has had the responsibility for the management of COVID-19 for the SLFNHA catchment area, we have had to operate on the outside of the provincial system and respond without the same tools, resources and information that provincial public health units receive. Further, the provincial system fails to recognize the sovereignty of First Nations and their inherent jurisdiction and authority to make decisions for the health and wellbeing of their communities.

At the direction of the Chiefs in Assembly (Resolution 21-18 Recognition of SLFNHA Public Health) we engaged the province in discussions on the use of s.77.1 of the Health Protection and Promotion Act (HPPA) to appoint a Medical Officer of Health (MOH) for SLFNHA on an interim emergency basis for the management of COVID. However, the ongoing jurisdictional uncertainties continued to present challenges to this solution creating significant delays and further highlighting the need for a sustainable solution that addresses funding mechanisms and governance while ensuring First Nations' treaty and inherent rights are fully protected.

SLFNHA will continue to advocate for ongoing trilateral discussions to develop pathways to jurisdiction that are based on First Nations' inherent rights, law making authority and governance. The Sioux Lookout Area Chiefs Council on Health (CCOH) has mandated the establishment of a Task Force to explore a process for the development of Indigenous public health law(s) as well as to engage in trilateral discussions to explore interim options such as a unique First Nations governance model to be recognized by Ontario and Canada and the development a new fiscal relationship to ensure that communities and SLFNHA have adequate and sustainable public health funding free of jurisdictional disputes between Ontario and Canada.

SLFNHA will work at the direction of the Task Force to present options to the communities as they take the lead in defining the pathway forward. This will include ensuring that the Sioux Lookout area First Nations are rightfully included in provincial and federal discussions on public health reform. A public health system is an organized effort of society; First Nations must be included in all discussions that relate to how their communities are protected and supported in the health and wellbeing of their members.

Immediate Needs

While changes to the legal, policy and funding structures will take time, we cannot and should not wait for the completion of these changes to address the immediate needs and injustices faced by communities on a daily basis. We will continue to take the direction of community leadership to take advantage of public health policy windows that will enable Anishinabe people to "realize good health by living healthy lifestyles rooted in their cultural knowledge."

I echo the words of my predecessor, Dr. John Guilfoyle, "There is a need for sustainable, integrated, and community-governed health data systems to guide public health responses. There is a need for ongoing dedicated public health resources in each community, with community workers trained to support management of outbreaks and promote key infectious disease control messages. There is an urgent need for housing, water, and other infrastructure to support health in communities. These needs must now be fully addressed by federal and provincial funders and policy makers."

Regional System

Throughout the pandemic we saw improved collaboration and coordination between partners to support communities as we came together as a public health system, operating in our own way to meet the needs. As we move forward and build upon this strength, Approaches to Community Wellbeing (ACW) will work to formalize partnerships with all health partners in the region including but not limited to the Tribal Councils, the Sioux Lookout Meno Ya Win Health Centre, Nishnawbe Aski Nation, Grand Council Treaty 3, and the local health units.

We must act promptly to build the local/regional public health structure not only for health-sector emergency management but for other competing health and public health priorities to ensure that the regional building blocks are in place. We must further collaborate and close the gaps to ensure that we provide communities with:

1. Strategic health leadership/governance;
2. Quality, coordinated, comprehensive, accessible, community and person-centered health service delivery;
3. Adequate and competent health workforce;
4. Equitable access to and robust health information systems; and
5. Adequate health financing.

"While maintaining our commitment to the core values, mission, and vision, we should renew our priorities, as COVID has derailed previous strategies."

The pandemic has caused the world to redefine the role of public health within a broader health and social system. SLFNHA will continue to take the direction of communities to evolve the role of ACW as part of a broader system to meet the needs of communities. SLFNHA will support enhanced connections to public health systems and advocacy for SLFNHA's role as defined by communities and recognized by federal and provincial governments. This will also include expanding to other areas of public health including but not limited to:

1. Establishing coordinated community level surveillance systems;
2. Management of all diseases of public health significance;
3. Implementation of a community-based environmental health program (Safe Communities Program); and
4. Having more community-based positions for public health.

ACW will continue the COVID-19 work and incorporate a more wholistic response that allows us to get back to other priorities within public health. We will focus on staff recovery and improve the cultural competency of our services.

We will continue to walk together, learn together, and grow together.

Nodin Mental Health Services

Nodin MHS is a resource available to First Nations children, youth, adults, and families from 33 northern communities served by SLFNHA. The following client- and community-centered services are provided:

NODIN SERVICES	
Intake Services	First point of contact for clients and referring agents
Crisis Response Program	Crisis intervention, brief counselling and volunteer support teams
Psychiatric Service	Non-acute psychiatric assessments, diagnosis, treatment recommendations and follow up care
Outpatient Mental Health Service (OMHS)	Case management, cultural support, counselling, crisis management, safety planning, art therapy, psychological care
Mobile Outreach Mental Health and Addictions Counsellors	Help those with complex needs who need assistance navigating the healthcare system
Travelling Counsellors	Mental health support by travelling into communties
Youth School Counsellors	Drop-in and on-going support, group therapy, mental health education sessions for First Nations Youth
Community Based Mental Health/Addictions Workers	Counselling and group sessions for children and youth
Traditional Healing	Sweat lodge and name giving ceremony. circle talks, plant medicine and traditional teachings

Crisis Response - By the Numbers:

53 Community Requests for Support	**787** Days of In-Community Support
1826 Individuals Served	**133** Deployments

Nodin Mental Health Services

Highlights and Achievements

Centralizing Mental Health Care at SLFNHA: Nodin MHS adopted the Psychiatry program from the Primary Care Team in January 2022. This decision was made at the Senior Management level to improve care for clients by ensuring all mental health care is housed under the same department. This centralization of mental health care will help referring agents streamline referrals to mental health care and eliminate confusion around which department is responsible for each area of mental health care.

Mobile Outreach Program (MOP): The MOP was put on pause with staffing vacancies during the 2020-2021 year. We hired a new Mobile Outreach Counsellor into the program in January 2022, now having 2 Counsellors. Also, the MOP has engaged with the OPP to better work together for clients.

Opening of Omamun Ziibiis: Traditional healing moved to the new camp, to begin to have a permanent spot for the Sweat Lodge; a goal to develop/add more traditional services/cultural activities for a more robust traditional healing program.

Walk-in Services Now Available to High School Students: The Youth School Counsellors now offer walk in services to students, allowing clients to self-refer and access care when they need it, rather than having to contact intake. It reduced stigma and barriers relating to sharing one's mental health history and having to tell their stories to multiple health care providers, prior to accessing care.

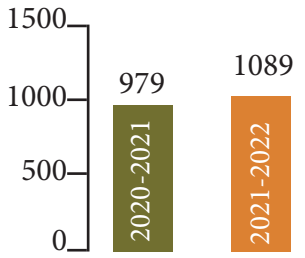
Continued 2SLGBTQ+ Care: OMHS continued with client-centered care for 2SLGBTQ+ clients by creating safe spaces, providing staff with increased training to support for 2SLGBTQ+ clients, and by partnering with a local physician to host a clinic for Nodin clients available on site at Nodin MHS.

New Crisis Response Package and Crisis On-Call Service: The improved Crisis Response package includes additional information gathered from the community requesting support, which allows our Crisis Response coordinators to give more information to the contract workers deployed to respond to the community, resulting in improved quality of care for community members in need.

Crisis Response is working on Crisis Coordinators being staffed on a rotating basis to answer calls from communities after business hours/weekends/stat holidays, rather than the Manager of the Program being on-call 24/7. Having dedicated Crisis Response Coordinators staffing this afterhours service will ensure the communities are supported appropriately from the first point of contact with Nodin MHS.

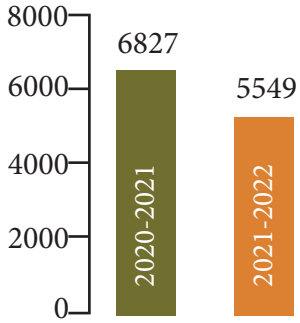
Number of Unique Clients

Figure 1



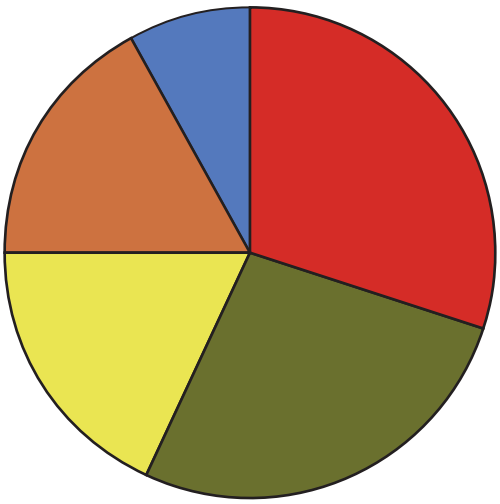
Number of Sessions

Figure 2



2021-2022 Service Highlights: Nodin MHS saw similar numbers of unique clients. Number of sessions decreased by 1278 sessions which can be contributed to decreased staffing in OMHS.

Nodin MHS received 939 referrals, with most referral sources being physicians, nursing stations, the Meno Ya Win Health Centre's Mental Health and Addictions Program (MHAP), Self, and internal referrals (see Figure 3).



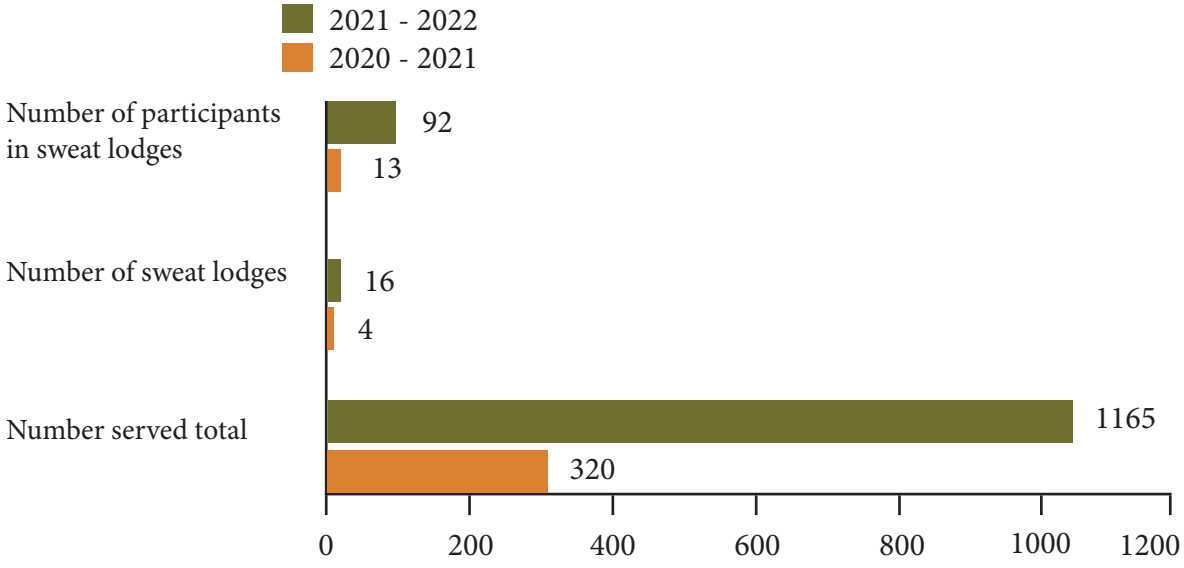
Top Referral Sources 2021-2022
Figure 3

- Internal, 213 (30%)
- Physican, 195 (27%)
- Nursing Stations, 130 (18%)
- Self, 117 (17%)
- MHAP, 55 (8%)

Total Referrals: 939

Traditional healing services saw an overall decrease in services provided (Figure 4). The traditional healer was highly involved in planning and development that went into the opening of Omamun Ziibiis, resulting in less availability for appointments. An increase in services is expected with the opening of Omamun Ziibiis.

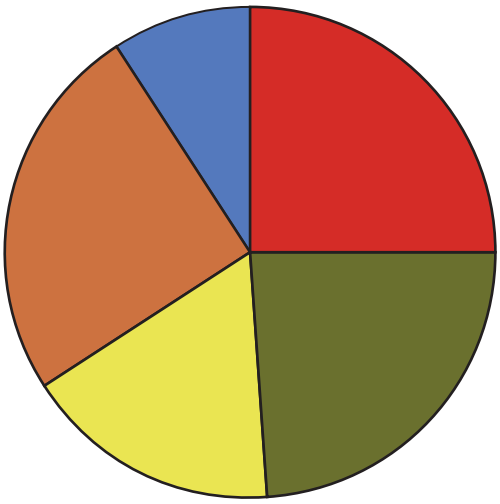
Traditional Healing Overview 2020-2021 to 2021-2022
Figure 4



Challenges

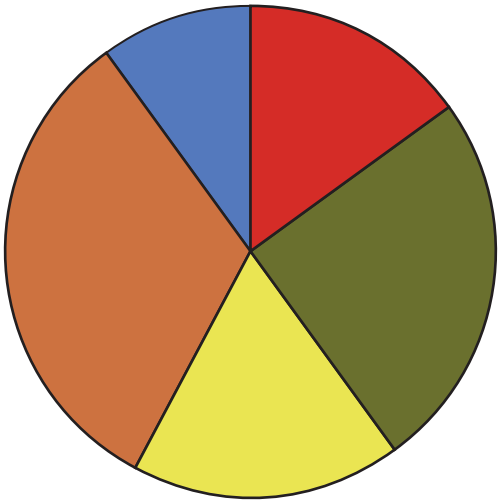
Staffing

Outpatient Mental Health Services (OMHS) had a decrease of seven staff, or 43% from the previous year that impacted overall service delivery. Crisis Response saw an increase of 3 staff, or 19%, while the other service areas remained unchanged. These staffing trends are shown in Figure 6. Figure 7 shows a chart outlining the service statistics for each Nodin MHS service, compared between 2020-2021 fiscal year and 2021-2022 fiscal year. Shown in red are significant decreases to clients served, sessions held, and referrals received to the OMHS program in 2021-2022, due in large part to staffing shortages. That said, despite the OMHS mental health and substance abuse counsellors being reduced by 43%, there was a 17% decrease in clients served and 29% decrease in number of sessions held.



Nodin Staffing 2020-2021
Total Staff - 64
Figure 6

- OMHS, 16 (25%)
- TC/YSC/CMHAW, 15 (24%)
- Admin, 11 (17%)
- Crisis, 16 (25%)
- Intake, 6 (9%)



Nodin Staffing 2021-2022
Total Staff - 60
Figure 7

- OMHS, 9 (15%)
- TC/YSC/CMHAW, 15 (25%)
- Admin, 11 (18%)
- Crisis, 19 (32%)
- Intake, 6 (10%)

TC = Travelling Counsellors
YSC = Youth School Counsellors
CMHAW = Community-Based Mental Health and Addictions Workers

Nodin is addressing staffing challenges by introducing new roles and filling vacant positions. OMHS created a full time Cultural Support Worker role which was filled by an experienced staff member who worked previously as a mental health counsellor. OMHS has also filled the Case Manager and Art Therapist positions for the 2022-2023 fiscal year. This improvement to staffing is moving OMHS towards having a fully staffed multidisciplinary team equipped to serve clients.

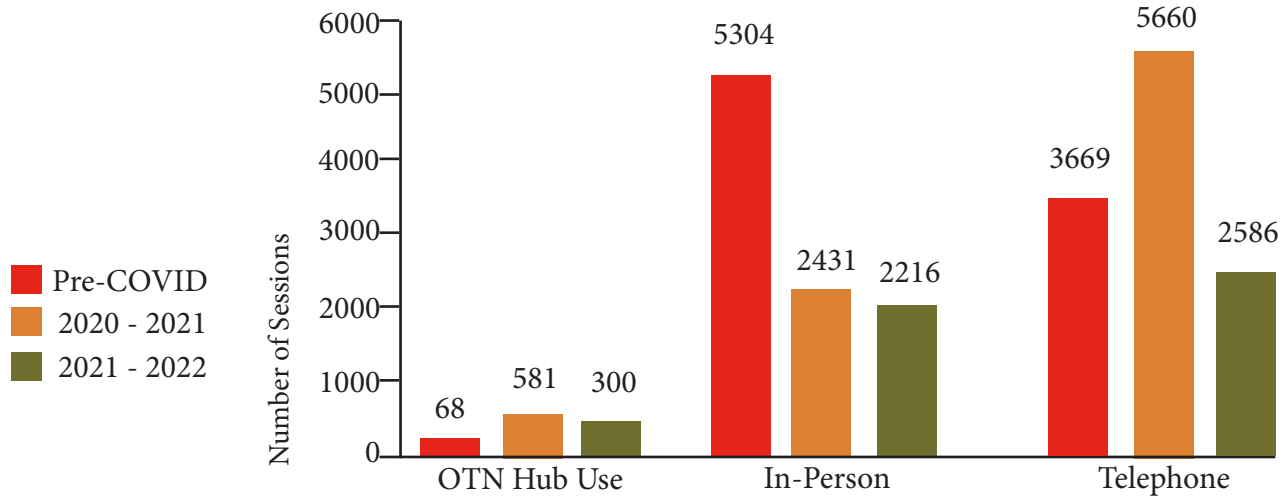
Lack of Client-Facing Space

Nodin has been delivering services with limited client-facing spaces, which has created barriers to the delivery of all Nodin programming. This is especially true for OMHS and Psychiatry services, both of which have programming available for group sessions and in-person clinics. Space limitations have prevented OMHS from fully transitioning into a new programming model, which includes group programming. The newly adopted Psychiatry service has temporarily discontinued in-person clinics for clients until there is adequate clinic space available.

COVID-19 and the shift in client engagement

Throughout the pandemic and the associated states of emergency declared in communities served by SLFNHA, Nodin provided remote and telehealth services to meet our clients' needs where they live. Nodin adapted to ensure access to mental health care despite community lockdowns. There was an increase in telemedicine services via the Ontario Telemedicine Network (OTN) and phone services during the height of the pandemic, but engagement with our clients has changed during the 2021-2022 year despite decreased travel restrictions and community lockdowns.

Impact of COVID-19 on type of client engagement with Nodin
Figure 8



Note: The Pre-COVID period is defined as February 2019 – February 2020.

Figure 8 shows the number and type of sessions held with clients throughout the COVID-19 pandemic. In-person sessions declined during the height of the pandemic and remained low compared to pre-COVID numbers. OTN (telemedicine) use increased 8.5 times during the first year of the pandemic but has decreased this fiscal year by nearly half relative to last year. In person engagement with clients reduced by nearly half during the pandemic and these numbers have not recovered to pre-pandemic numbers. Nodin MHS also saw a significant increase in phone sessions during the pandemic. The number of phone sessions has decreased to lower than pre-pandemic numbers.

Termination of On-Call Services

Due to critically low staffing resulting in inadequate after-hours coverage, Nodin MHS has terminated on call and afterhours services. Staffing was reduced from 5 contract workers in 2020-2021 to 2 contract workers in 2021-2022. The Crisis Response Program has implemented after hours community crisis after hours to take calls for any reported community crisis. The launch of the shared ER Response Plan with the Meno Ya Win Health Centre (highlighted under Community Collaboration and Health Transformation below) ensures clients are cared for appropriately, and that Nodin MHS will not be receiving acute referrals after-hours.

Community Collaboration and Health Transformation

Shared Emergency Room (ER) Response Plan

In collaboration with the Sioux Lookout Meno Ya Win Health Center's Mental Health and Addictions Program (MHAP), the Shared ER Response Plan collaboratively triages acute mental health ER referrals and ensure clients receive appropriate care. The Response Plan effectively connects patients to care providers, avoiding the need for acute service providers to do this job. Instead, all referrals are sent to MHAP for initial assessment and stabilization. Clients are then referred to Nodin MHS for follow-up service. This shared response plan streamlines care for clients presenting in the ER with mental health needs.

Mobile Outreach Program

Clients in police custody who wish to return to their home community can connect with the MOP for support. Without this collaboration with the OPP, a client would be released without the support of the MOP to reach their home. This communication between the MOP and OPP better serves the interests of clients and helps to ensure the welfare of clients.

Mobile Outreach Program (MOP)

The MOP regularly works with the Ontario Provincial Police, Northwest Health Unit and Meno Ya-Win's Mental Health and Addictions Program to coordinate client care and provide outreach services in Sioux Lookout. The MOP meets clients where they are and collaborates with community partners who make up the Substance Use and Addictions Program project. This project brings partners together to meet clients' needs and ensure safe and informed care from regional service providers.

Youth School Counsellors (YSC)

YSC works alongside Tikinagan Child and Family Services to provide educational days and promote access to wellness services. YSC participated in weekly inter-agency meetings attended by:

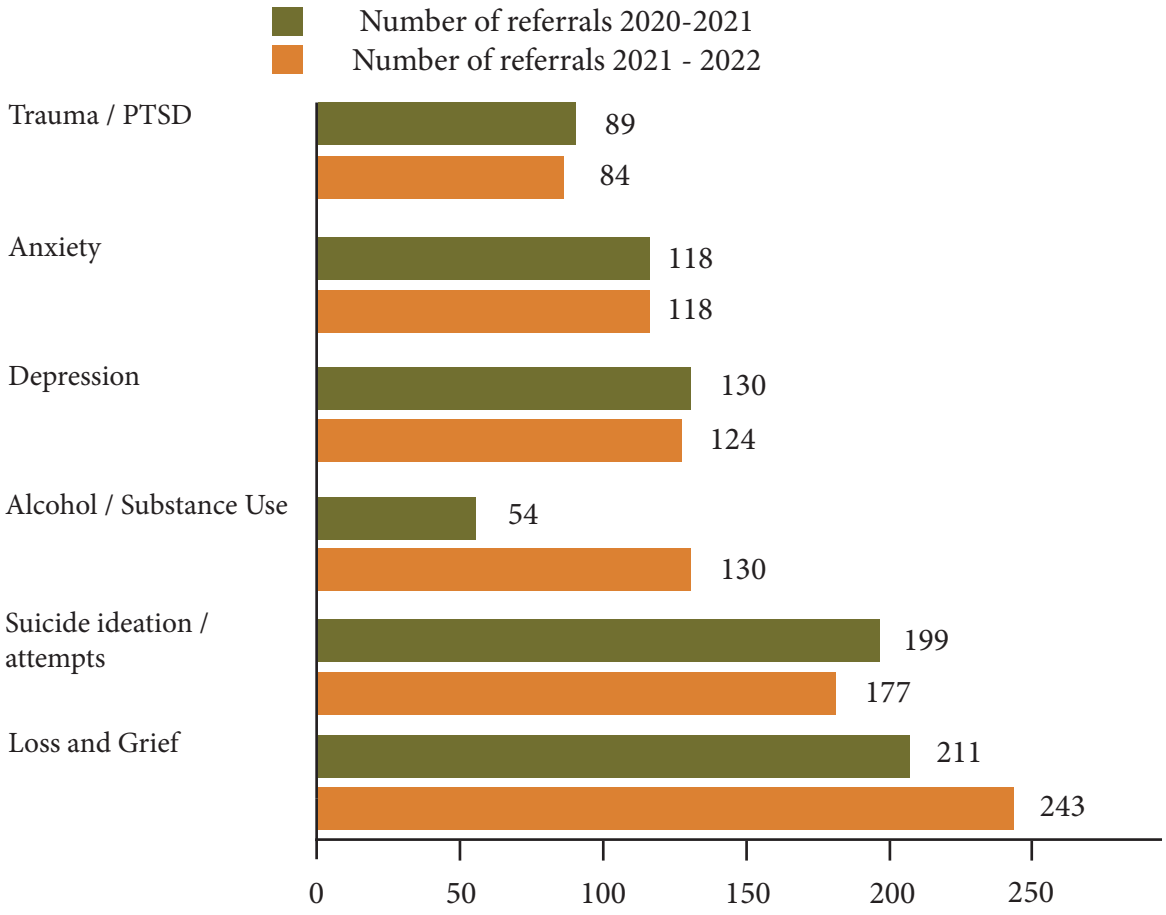
- Provincially funded children's mental health services
- FIREFLY
- Tribal councils (e.g., IFNA, Windigo, Shibogama, Keewaytinook Okimakanak)
- Lac Seul Education Authority workers and school staff

These meetings support collaborative care and case management of complex clients. YSC also coordinated with Approaches to Community Wellbeing to deliver culturally appropriate mental health material for in-person client meetings.

Contract for Service

Nodin receives funding for 14 community-based Mental Health and Addictions Workers (MHAW). To respond to recruiting challenges, Nodin entered its first agreement with a community for them to hire and manage their own MHAW, supported with SLFNHA funding. This arrangement creates more community ownership of mental health services and facilitates culturally appropriate care closer to home.

Top 6 Referrals to Nodin Comparison
Figure 9



Nodin has historically provided non-acute mental health care. Figure 9 shows the top six reasons for referral to Nodin in fiscal years 2020-21 and 2021-22. In Nodin's previous referral model, there was no way to tell how acute a client's needs were. For example, in Figure 9 it shows 177 referrals for suicide ideation or attempts during 2021-22, and 199 referrals the year prior. The previous referral model did not consider whether the client was low or high-risk. The newly adopted ER response plan now ensures that high-risk clients undergo risk assessments through MHAP prior to being referred to Nodin, thus connecting clients with the right care at the right time, whether through Nodin's services or elsewhere (e.g. MHAP).

Moving Forward

Surplus JP Funding for Child and Youth Psychiatry Services

Nodin was approved to carry over the surplus Jordan's Principle funds from the Youth School Counsellor and Outpatient Mental Health Service programs into the Psychiatry program. The plan is to hire dedicated staff to enhance psychiatry services for children and youth, address the current high waitlist times and allow current psychiatrists to focus on serving the adult population.

Mental Health and Addictions Review

SLFNHA arranged for a mental health and addictions review to be conducted to gather a full understanding of the state of mental health and addictions services. This review aims to:

Inform Current Services	Identify Service Gaps	Provide recommendations for regional planning	Improve Client Care	Inform the creation of a new regional service model

New Client Surveys

Nodin is developing two new client surveys to promote client-centered care: a Positive Outcome Survey and a Client Satisfaction Survey.

Adoption of Mustimuhw and WellSky

Nodin has joined the rest of SLFNHA departments in adopting Mustimuhw and WellSky as our primary client records software. These 2 software have been chosen by SLFNHA to improve client-centered care and privacy protection.

Improvements for Community-Based Workers

New technology and improved communications will be provided to the Community-based Mental Health and Addictions Workers (CMHAW) for better access to training and new software. These will increase team building and supervision for the CMHAWs.

Recruitment

There are mental health staffing shortages in the region which have reached crisis levels. Nodin's focus will be on talent acquisition/recruitment in collaboration with Human Resources, encouraging more contracts for services arrangements for communities to hire and manage community-based positions with SLFNHA funding.

Developmental Services

Developmental Services provides a full spectrum of services to assist in promotion of the healthy development of infants, toddlers, children, and youth from childhood into adulthood. Our intention is to support them in living their lives to the fullest and help them achieve their life goals, regardless of their health challenges.

Highlights & Achievements

The Developmental Services team currently works in collaboration with the Sioux Lookout Area Primary Care Team and each communities' own Jordan's Principle services to fill the gaps. The team provides the following pediatric services, directly to clients and communities:

Audiology	Autism Spectrum Disorder Diagnostics
Behavioural Therapy	Community and Clinic Coordination
Developmental Pediatrics	Developmental Psychology
FASD Diagnostic Clinics	Intake Support for Service Applications
Occupational Therapy	Optometry
Physiotherapy	Speech-Language Pathology

Mashkikiiwinniwag Mazinaatesijigan Wichiiwewin (MMW) - Adult Developmental Services

Services are provided with either a SLFNHA employee or contracted services. The team continues to collaborate and be creative to meet client needs. This includes switching to more community-based services than clinics in Sioux Lookout and increasing virtual practice.

The pandemic continued to disrupt service for most of the year and many staff were redeployed to assist with the logistics team – getting PPE, food and supplies to communities as well as supporting Vaccination Clinics in community.

Highlights & Accomplishments - Continued

- Over 2000 children and families served.
- Partnered to have four community Health Hubs delivered this spring with building completed by fall.
- Continued to support families with high needs children to provide respite, equipment and alternative care where requested.
- Two in-person summer camps held in Big Trout Lake and in Weagamow Lake. Camps were open to all community members and clients were sent direct invitations. A variety of activities supported all areas of development (communication, fine motor, gross motor, social skills, etc.) Staff was available to discuss concerns/questions with caregivers and complete referral paperwork.
- Two virtual camps were held. The first was a Virtual Articulation Camp which consisted of seven 1-hour sessions, two sessions per week from July 26th – August 18th 2021. The second was a Virtual Language Stimulation Camp which consisted of four 1-hour weekly sessions
- Participated in the Nishnawbe Aski Nation Autism Action Team and the Autism Northern Collaborative Advisory team to bring a northern voice to Ontario Autism initiatives.
- Expanded the Developmental Psychology program, with two 6-month Psychology Interns.
- New hires – Audiologist, Family educator, Developmental Pediatrician, Transitional Age Youth Coordinator, Complex Care Case Coordinator and Clinic Coordinators.
- Land purchased for additional office for Developmental Services, contract awarded for build.
- Assisted with Operation Remote Immunity (ORI3). Visited 20 separate communities with over 51 days in community and assisted Indigenous Services Canada nurses to deliver immunizations, run clinics, document and update vaccine records using the COVAX system. Also used this time to provide positive experiences with the department and to promote Developmental Services programs.

Challenges

- Connecting with families due to travel restrictions and poor internet connections impacted virtual services.
- Waitlists, especially Audiology, Psychology and Developmental Pediatrics.
- Capacity in communities to provide accommodation and appropriate treatment space.
- Assistance with Jordan's Principle individual applications for equipment and support.

Moving Forward

- Connecting with families due to travel restrictions and poor internet connections impacted virtual services.
- Waitlists, especially Audiology, Psychology and Developmental Pediatrics.
- Capacity in communities to provide accommodation and appropriate treatment space.
- Assistance with Jordan's Principle individual applications for equipment and support.

Developmental Services

Number of Individuals Served
April 2021- March 2022

Service	Served	Waitlist	Face-to-Face Visits	Virtual Visits	Total Visits
Audiology	318	92	140	56	196
Behavioural Therapy	14	80	17	2	19
Children's Rehab Clinic Coordination	274	11	326	0	326
Communication Assistant	134	14	398	9	398
Complex Care Case Coordination	84	26	87	66	153
Developmental Pediatrician	55	124	111	0	111
FASD Diagnostic Clinic	7	28			
MMW	26	8	23	253	276
Occupational Therapy	102	59	115	100	215
Physiotherapy	110	22	102	230	332
Psychology	99	101	199	9	208
Rehab Assistant	84	0	137	0	137
Speech Language Pathology	327	186	642	882	1524

Number of Jordan's Principle individual equipment requests processed = 402

Community Travel
April 2021- March 2022

Community	Developmental Service Trips	ORI Clinic	Community Support	Total Trips
Bearskin Lake	2	2	5	9
Cat Lake	6	3	0	9
Deer Lake	0	4	0	4
Eabametoong (Fort Hope)	1	4	0	5
Fort Severn	1	2	0	3
Kasabonika	10	1	4	15
Kitchenuhmaykoosib Inninuwug (Big Trout Lake)	3	0	0	3
Kingfisher Lake	13	2	0	15
Mishkeegogamang	3	5	10	18
Neskantaga (Landsowne House)	0	2	0	2
Nibinamik (Summer Beaver)	2	2	0	4
Ojibway Nation of Saugeen	0	1	0	1
Pikangikum	35	0	0	35
Poplar Hill	0	1	0	1
Sachigo Lake	1	3	0	4
Sandy Lake	2	7	5	14
Wapekeke (Angling Lake)	3	2	0	5
Weagamow (Round Lake)	16	2	0	18
Wunnimun	21	3	0	24
Webequie	7	3	0	10
Total Trips:	126	52	20	202

ORI = Operation Remote Immunity

Primary Care Team

The Sioux Lookout Area Primary Care Team (SLAPCT) is a mobile interprofessional collaborative primary care team that provides communities with comprehensive primary health care services close to home.

As an integrated collaborative team practice, the Primary Care Team provides allied health services to all age groups, with a specific focus on preventative care and improved management of chronic disease; through both treatment and monitoring, as well as support for clients in improving self-management skills.

Fully Staffed Positions (40 Staff)

Director (1)	Managers (2)	Admin Staff (6)
Interpreter (1)	Telemedicine Coordinator (1)	Telemedicine Clerk (1)
Clinical Assistant (1)	Intake Coordinator (1)	Community Health Navigator (3)
Pharmacist (1)	Kinesiologist (4)	Dietitians (4)
Registered Practical Nurse (4)	Pod Manager (4)	RN - Wound Care (1)
Nurse Practitioner (3.25)	Contract Staff (.75)	Quality Specialist Improvement (1)

Partially Staffed Positions (5.25 out of 15.75)

Traditional Healer (0/2)	Occupational Therapist (.25/2.75)	Speech Language Pathologist (1/3)
Physiotherapist (2/4)	Social Worker/Mental Health (2/4)	

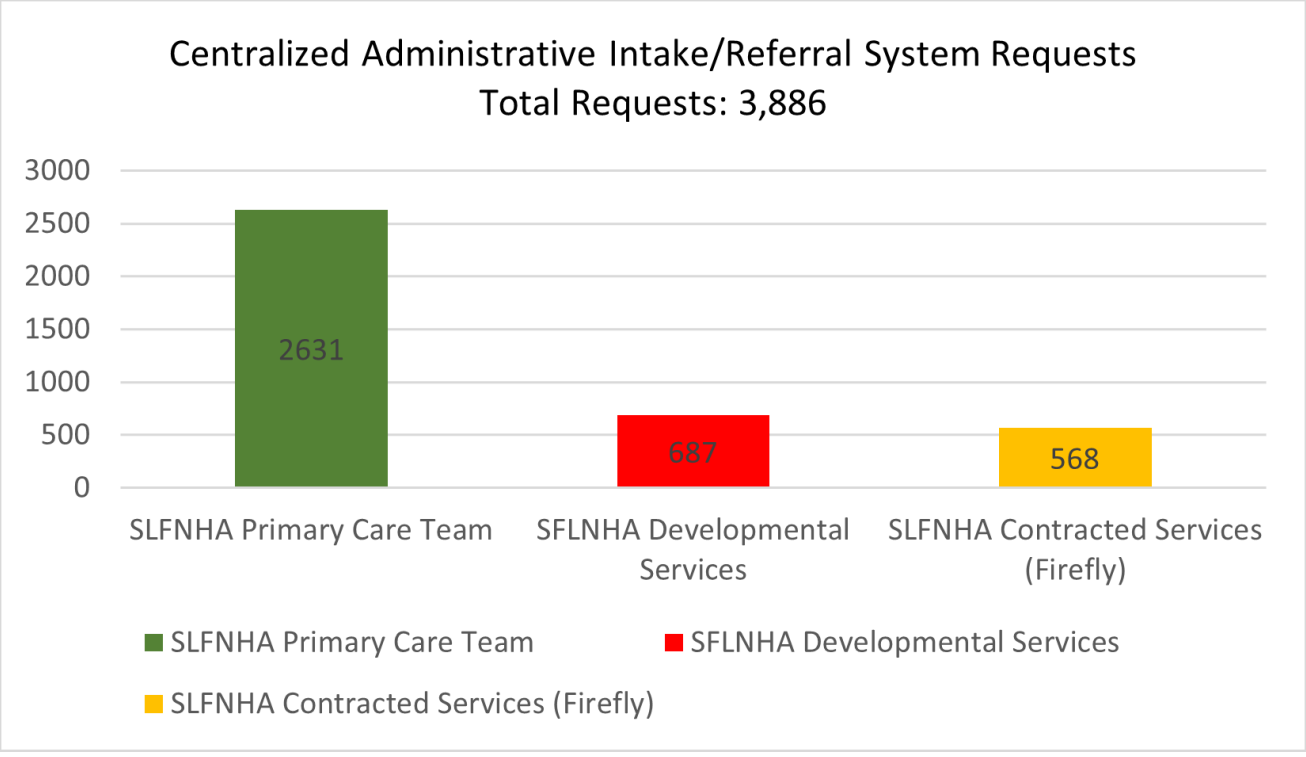
Visitor Statistics	
Client Visits	8260
Individual Clients Seen	8195
Clients seen in a Group	65
Male	3358
Female	4865
Other	18
Adult (over 18 yrs)	7252
Pediatrics (under 18 yrs)	1008
Seen in Community	3868
Seen in Sioux Lookout	4392

Highlights & Achievements

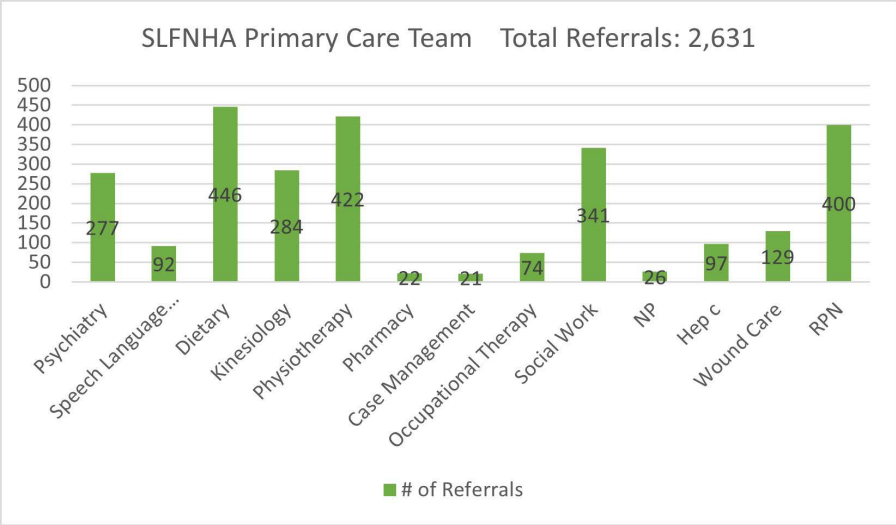
- 8,260 (7252 Adults and 1008 Pediatrics) client visits for allied health services provided by the SLAPCT.
- 153 trips to northern communities, with 161 days of allied health services being provided. SLAPCT organized 69 trips to the communities for a total of 81 days of COVID-19 testing during the Omicron variant outbreak from January to March 2022.
- SLFNHA has increasingly utilized Telemedicine for providing services. A total of 1333 Telemedicine consultations were booked with the health professionals at SLFNHA.
- SLAPCT hosted two Nurse Practitioner students, a psychiatry resident, and a Physiotherapy student.
- SLAPCT organized a total of 16 COVID-19 Vaccination Clinics on site for SLFNHA Staff and priority clients, following Public Health guidelines. A total of 1029 doses of COVID-19 vaccine were administered.
- Point of Care Testing was implemented within the SLFNHA organization in support of community mandates to have staff who travel into communities tested. Currently POCT is offered Monday through Friday from 6:00 am to 4:00 pm at the SLAPCT building.
- During the Omicron surge, SLAPCT staff was redeployed to the various departments at SLFNHA to assist with the management of COVID-19 outbreaks in the communities.

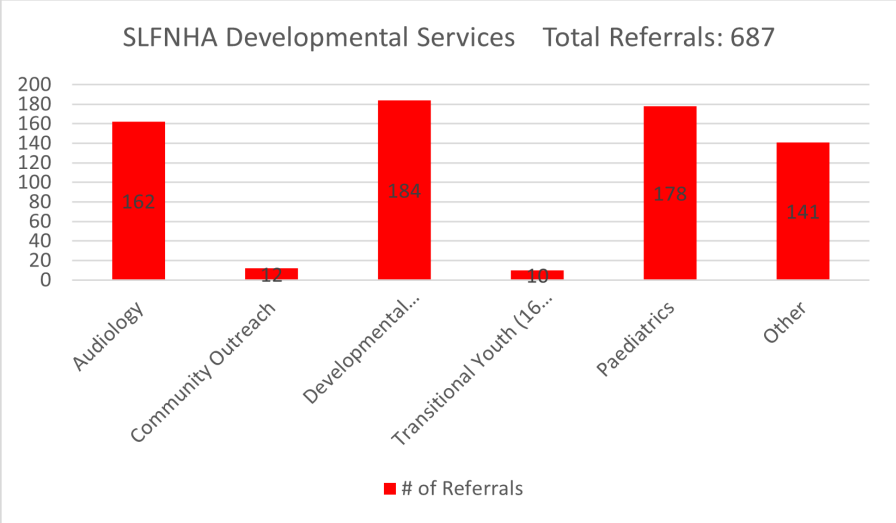
Centralized Administrative Intake/Referral System

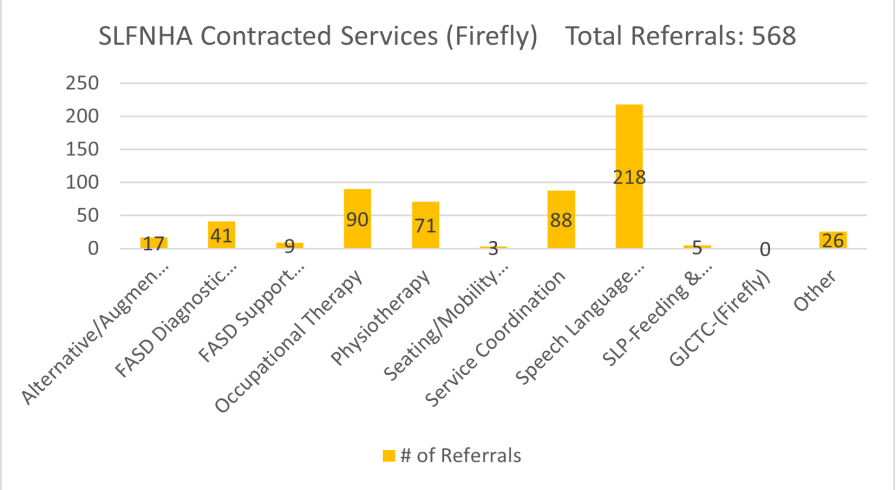
- Received a total of 3,886 referral requests for clinical services; which were directed to the following programs/services (see below).



Service Type Breakdown Graphs







Pharmacy Project

- Gaps in pharmaceutical care exist for community members who live in fly-in communities. SLFNHA proposed to open a not-for-profit First Nations pharmacy in accordance with federal and provincial legislation. This pharmacy would provide pharmaceutical care for patients. Operating as a not-for-profit allows for surpluses to be used for improvements in pharmaceutical care.
- Most prescriptions are filled at pharmacies located in Sioux Lookout, Thunder Bay, or Mississauga. Most medications are sent to the nursing stations where they are either picked up by or delivered to clients.
- This current model does not allow community members to receive medication counselling by a pharmacist. Language barriers exist and the proposed pharmacy will offer regular pharmacist consultations on new prescriptions with an interpreter if required.
- Remote dispensing machines and remote dispensing locations will address delays in prescription delivery.
- The Community Healthcare Workers (CHWs) do not have specialized training in pharmacy. The aim is to have dedicated staff trained as a Pharmacy Assistant, or Registered Pharmacy Technician.
- SLFNHA has been working with Bain Smith Consulting inc. in Thunder Bay in the development of a business plan that will provide an overview of the pharmacy operation.

Capital Project

SLFNHA received a funding commitment from the Ministry of Health and Long Term Care (MOHLTC), Capital Division, to begin developing a plan for a permanent Primary Care Facility. The preliminary vision outlines that the permanent Primary Care Facility will house the following:

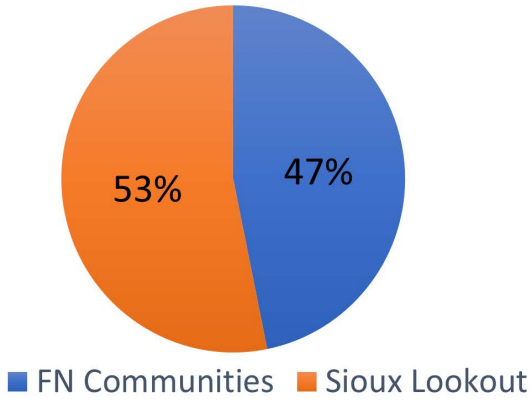
Sioux Lookout Area Primary Care Team	The Northern Appointment Clinic	SLFNHA Mental Health Counselling Services
Diabetes and Integrated Prenatal Program	Physican Services	Indigenous Services Canada Dental Program
SLFNHA Support Services	Additional Programs to be Identified	

The MOHLTC Capital planning process involves a 4-stage process, of which we are on Stage 2. SLFNHA has contracted out these services with consultants Keewatin Aski Limited (KAS) and Colliers Project Leaders to develop a functional plan and business case. This will include the proposed primary care facility and plans detailing the needs and options required in First Nations communities. SLAPCT received $175,000 to complete the Business Case.

Primary Care Team

Moving Forward

Service Delivery Location



Administrative

- SLAPCT hired a new Director, Clinical Manager and Admin Manager and began capacity building in the new positions.
- Identifying additional office/treatment space to support the growing team and need for ongoing service delivery.

Clinical Services

- Most SLAPCT clinical services are on hold.
- Increasing face to face services for wound care and implementing a new wound software for enhancement of the program.
- Options/alternatives available for accommodation in communities will be explored to enable the Allied Health Professionals to spend more time in communities.
- Planned development of a smoking cessation program to enhance clinical services.
- Continued Recruitment and Retention efforts.
- Ongoing advocating for use of Telehealth.
- Working with KO E-Health to address Cancellations/No Shows.
- Ongoing Vaccination Clinics for SLFNHA Staff, Clients, and Partners.
- Ongoing POCT in support of Community Pandemic Mandates.

Community Health Worker Diabetes Program

The Community Health Worker (CHW) Diabetes Program utilizes a community-based model of care to improve management of type 2 diabetes by incorporating best practices and traditional land-based teachings. The Diabetes Program has been building the capacity of CHWs through training, coaching and mentorship in 13 communities to support diabetes management and care. There is a need for more team support for CHWs and collaboration with SLAPCT to help in capacity building. The SLAPCT and CHW Diabetes Program will work towards a gradual transition of CHWs onto the SLAPCT team, enabling the CHWs to provide quality diabetes care for their clients. The vision is to incorporate the CHWs within a broader health care team, which will improve their confidence and capabilities. Integration of the CHW Diabetes Program into SLAPCT will be done in three phases:

Phase 1	Phase 2	Phase 3
Relationship Building & Coordination between SLAPCT and CHW Diabetes Program	Coordination of Care Between SLAPCT & CHWs	CHWs join the pod meetings to start the incorporation into the pods serving their specific communities

Anishininiiw Nanandowi'kikendamowin (Research) Program

Established by Board Resolution in 2021	Supports community-driven research projects
Shares regional research findings with communities	Supports ongoing research projects in the region or in partnership with SLFNHA
Co-establishes & develops research policies, procedures, and mandates alongside communtiy leadership	

Currently, this program is staffed by one manager and one research assistant, and works collaboratively with external partners from Carleton University, University of Toronto, Sunnybrook Research Institute, Ontario Health, Sioux Lookout Local Education Group, as well as Tribal Councils, Nishnawbe Aski Nation, and other SLFNHA departments.

This program helps ensure that research is community-led, reflects traditional values and ways of knowing, and supports health and research priorities of the communities. In addition to establishing protocols for this program, Anishininiiw Nanandowi'kikendamowin has supported the following research projects (research partner in parentheses):

Indigenous Youth Futures Partnership (Carleton University)	Nishtam Niwiipitan, "My First Teeth" (University of Toronto)	Improving Indigenous cultural safety in Ontario's cancer screening programs (Ontario Health and Sunnybrook Research Institute)
Healing Journey (Sioux Lookout Local Education Group)	Community Health Worker Diabetes Program	

Highlights and Achievements

- Established Research Advisory Committee with membership from communities, tribal councils, and Nishnawbe Aski Nation.
- Hired a Research Assistant to support cancer screening and diabetes projects.

Indigenous Youth Futures Partnership (IYFP)

- Restarted collaboration with IYFP to support Approaches to Community Wellbeing team with youth engagement activities.

Nishtam Niwiipitan "My First Teeth"

- Completed silver diamine fluoride dental treatments in participating communities.

Anishininiiw Nanandowi'kikendamowin (Research) Program

Improving Indigenous cultural safety in Ontario's cancer screening programs

- Worked with the Strategy for Patient-Oriented Research (SPOR) Evidence Alliance to develop meta-search strategy for scoping review regarding cultural safety in cancer screening literature.
- Hired summer student to support literature review via BioCanRx Indigenous Summer Studentship Program funding.

Healing Journey

- Obtained ethical review and guidance from Sioux Lookout Meno Ya Win Health Centre Research Review and Ethics Committee.
- Completed interviews with community participants regarding healing from opioid use disorder.

Community Health Worker Diabetes Program

- Supported development of successful Letter of Intent for Canadian Institute of Health Research grant for diabetes programming.

Challenges

- COVID-19 has slowed progress on many research projects due to travel restrictions and competing priorities.
- Minimal internal resources available for research given many efforts to continue COVID response and to begin COVID recovery.

Moving Forward

- Establish and share community research priorities to help guide projects in which SLFNHA partners.
- The Research Advisory Committee will play a more instrumental role in vetting incoming and proposed projects, providing oversight and guidance regarding cultural relevance, safety, and ethical considerations.

For more information about the Committee or research at SLFNHA:
Contact *research@slfnha.com* or call 807-737-6069.

Medical Director's Report
Dr. Terri Farrell

The Medical Director provides medical guidance and support to SLFNHA Board, SLRPSI Board, CCOH, Tribal Councils, Chiefs, all regional physicians, community health leaders and all SLFNHA departments and programs.

The Medical Director is a non-voting member of the SLFNHA Board of Directors.

Highlights

Ongoing participation in the fight against COVID 19

- Medical lead for CRRT/attend team meetings including CRO.
- Provide regular updates and interface with / give direction to all northern physicians.
- Lead frequent tabletop exercises with northern nursing station staff, physicians, pandemic leads, ISC, other for the early recognition and management of community and nursing station challenges health human resources, equipment, isolation, and workspace, managing COVID surges).
- Participation in National, Regional, and local vaccine planning tables.

NoMAT, Nomadic Medical Assistance Team

Multidisciplinary team of health professionals (MD, RN, NP, advanced care paramedic, others as needed) deployed to health crisis situations in the communities. Successful development of concept and received funding for a pilot in March 2022. Successful deployment for of 3 teams.

Negotiation with MOH for funding for Regional Medical Specialists.

Received funding in 2022-23 for 8 Specialists and in 2023-24 a total of 13 Specialists. Program development and recruitment and retention are in early stages of planning.

Physician Recruitment and Retention

A top priority and a particular challenge in light of a national physician shortage, worse in remote, rural, and northern regions. Currently physician work force is 23.5 full time equivalents with an estimated requirement of 51.5 FTEs.

The physician work force is supplemented by short term locums. We have had some success in attracting locums over the summer but there remain many scheduling challenges. We are maintaining community physician visits and after-hours emergency nursing station coverage, but this is a daily challenge.

Our physician recruitment efforts are aggressive, innovatory and ongoing.

COVID Recovery Planning

The goal is to catch up primary care services that were often left unattended during the Pandemic (such as cancer screening, immunizations, well woman/ well man examinations, healthy child/ baby exams etc.)

Mental Health and Addictions

Ongoing issues in our region, worsened during COVID. SLFNHA and the physician leaders are continuously working with regional partners and stakeholders to plan short- and long-term solutions. A multi partner working group is addressing the need for a Withdrawal Unit close to the hospital, long term residential treatment services, land-based therapy and after care.

First Nation Health Advocacy and participation with many stakeholders nationally and locally including ISC, MOH, NAN, Medical Council of Canada, College of Physicians and Surgeons, College of Nurses

Challenges

- Maintaining a stable physician work force of culturally sensitive, competent, and well qualified physicians during a nation-wide shortage.
- Supporting and developing ongoing education and quality assurance of a high level of medical care to our First Nation patients.
- Combatting burnout in the physician and other health care providers.
- Ongoing challenges of inadequate work and accommodation space at community level.
- Advocating for and supporting Primary Health Care reform in our region.

Community Health Worker Diabetes Program

The Community Health Worker (CHW) Diabetes Program strengthens diabetes care in the SLFNHA service area, in response to the high rates of diabetes in the region. The program started in 2018 with four First Nation communities and has since expanded to include fourteen communities. The goal is to build capacity within communities by empowering CHWs to play an active role in patient care and support people living with diabetes to better manage their condition and prevent diabetes complications including hypertension, amputations, kidney failure, heart attacks and stroke.

Currently, there are three SLFNHA staff: Program Manager, Community Engagement Lead, and Program Assistant. These team members work together to deliver diabetes management training and education for CHWs, support CHWs in planning and developing community events, and offer education and learning opportunities for community workers.

Highlights and Achievements

- Filled the new positions of Community Engagement Lead and Program Manager.
- Secured preliminary CIHR grant supporting Diabetes Prevention and Treatment in Indigenous Communities.
- On-boarded two more communities to the program.
- Trained seven new CHWs from five separate communities.
- Hired a part-time Research Assistant.

Challenges

- Many CHWs were redeployed to community pandemic response teams.
- Community Engagement Lead and Program Coordinator were redeployed to SLFNHA's COVID on-call team.
- Training new CHWs due to COVID related travel restrictions.

Moving Forward

The CHW Diabetes Program plans to:

- On-board three more communities.
- Complete training sessions for CHWs in each of these communities.
- Collaborate with Primary Care Team to integrate CHWs in the circle of care.
- Work with SLFNHA's Roots for Community Wellbeing and three communities to pilot a new study to advocate for improved diabetes supplies for Indigenous patients with diabetes.

Physician Services

Sioux Lookout Regional Physicians Services Inc. (SLRPSI) is a corporation established in 2010, developed to plan, govern, manage, and deliver Physician Services to the Municipality of Sioux Lookout and 31 surrounding First Nation communities. SLRPSI recognizes the unique circumstances of the area and supports integrated, coordinated and culturally appropriate physician services to the region.

SLRPSI Board:

Physican Services	SLMHC Members	SLFNHA Members
Chair - Joanne Fry	Heather Lee	Vice-Chair Howard Meshake
David Folk	Allen Tait	Roy Fiddler
Ben Lager	Laurel Laakso	Orpah McKenzie

Physician Services

Through a management agreement between SLRPSI and SLFNHA, Physician Services provides direct administrative support to execute the direction of the SLRPSI Board. The day-to-day management of Physician Services is overseen by the Chief Operating Officer (Janet Gordon) and the Director of Physician Services. The SLFNHA Medical Director, Dr. Terri Farrell, provides leadership and expertise to SLRPSI. Physician Services is responsible for:

- Maintaining electronic physician health records management and providing technical support.
- Providing nursing and clinical care including onsite interpreting services.
- Supporting the medical office by providing administrative assistance.
- Providing support to all physicians (contract or locum) through recruitment, orientation, retention, accommodations, travel coordination, human resource planning/scheduling, contracting, physician finance oversight and compensation (including physician OHIP processing).
- Executive Management to the governance of SLRPSI and its obligations within the Ministry of Health mainframe agreement.

Physician Services has a total of twenty-eight (28) positions filled out of thirty-five (35).

Highlights

- 2714.5 physician days in-community. Virtual clinics also took place during COVID.
- Continued to book the Northern Clinic throughout the pandemic (17% of visits were virtual).
- Initiated complimentary food box program for both new and returning locums physicians.
- Physician accommodations upgraded to a keyless entry system along with new beds, mattresses, televisions, and local info guides.
- OHIP billing team connected with physicians for meet and greet events to create more connection and familiarity.
- Recruitment consultant hired to assist with physician hiring process.

Challenges

- The Northern Clinic has been challenged with the ongoing physician shortage but have overcome this by maximizing the Nurse Practitioners' bookings.
- Staff shortages. Recruiting Physicians and Physician Services staff continues to encounter barriers.
- Community lockdowns limited community visits and altered schedules on short notice.
- Managing staff remotely, and training new staff online.
- Physician burnout. Two years of committed service through the pandemic has taken a toll, with many doctors frequently working above and beyond their obligations to provide coverage.
- Shortage of accommodations and vehicles for locum physicians.
- Health human resource shortage has been an ongoing crisis since 2021.

Moving Forward

- Engage with MOH on current physician shortages and temporary incentives for the region.
- Renegotiate the Mainframe Agreement with MOH and the Contribution Agreement with ISC.
- Develop a Specialist Program for the catchment area.
- Update the strategic plan with emphasis on the Recruitment & Retention Strategy.
- Update bylaws and governance manual to ensure compliance with Not-for-Profit Corporations Act.
- Building on SLRPSI/Physician Services relationship within our First Nation communities.
- Participate in the collaboration of regional initiatives for an integrated regional health records system.
- Building on SLRPSI/Physician Services relationships within SLFNHA such as Primary Care Team and Developmental Services.
- Establishing Quality Assurance guidelines and procedures of physician contracts and physician administrative services.
- Physician Services to update current departmental processes and procedures manuals.

Clinic and Administrative Updates

Hugh Allen Clinic

The Hugh Allen Clinic has a dedicated group of family physicians offering primary health care and access to support services in the community of Sioux Lookout and surrounding area. A complement of ten family physicians, and two registered practical nurses with an administrative support staff of five full time employees.

	Figures (2020-2021)	Figures (2021-2022)	% Change
Client general health visits to the Hugh Allen Clinic	13,022	10,793	-17%
Average number of clients seen per day at the Hugh Allen Clinic	58	48	-17%

Physician Services

Northern Clinic

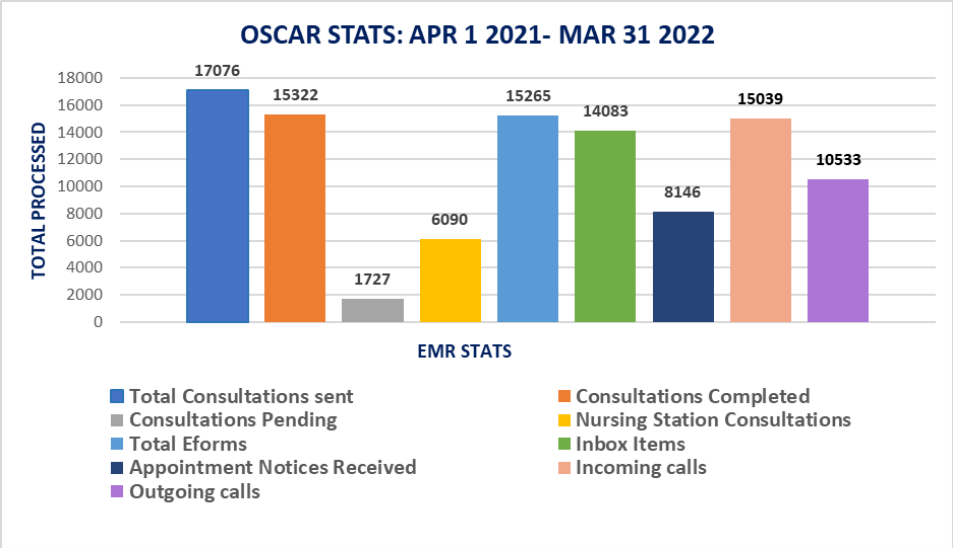
The Northern Clinic provides away-from-home family medicine services for residents of the First Nations communities in the SLRPSI catchment who have travelled or moved to Sioux Lookout. We provide a variety of medical assessments, tests, services, and referrals.

	Figures (2020-2021)	Figures (2021-2022)	% Change
Days of Family Medicine physician days in northern communities	2828	2714.5	-4%
Days of Addiction physician in northern communities - Opiate Replacement Therapy programs	16	21	+31%
Client gerneral health visits to the Sioux Lookout Northern Clinic	4,855	6,967	+44%
Client visits for speciality clinics	333	456	+37%
ER follow-up visits to the Sioux Lookout Northern Clinic	1,154	1,028	+11%
Client visits with the Nurse Practitioner(s) at the Sioux Lookout Northern Clinic	425	1,941	+357%
Average number of clients seen per day, average per week at the Sioux Lookout Northern Clinic	20	28	+40%
Average number of clients seen average per week at the Sioux Lookout Northern Clinic	99	134	+35%
Northern Clinic Client no show	N/A (data missing)	1272	N/A

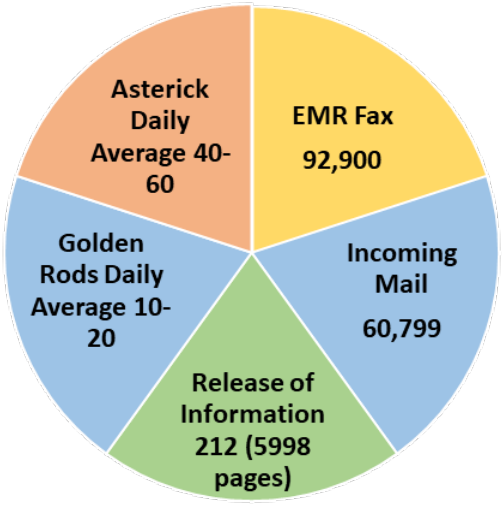
Medical Office Assistants (MOA)

The Medical Office Assistants are responsible for providing daily administrative and EMR (Electronic Medical Record) support to the Northern Practice Physicians. Six of eight MOA position are currently staffed, who are responsible for:

- Sending patient referrals and consultations
- Following up on referrals to ensure appointments are scheduled
- Forwarding appointment information & escort letters to NIHB for travel purposes
- Completing forms, writing letters, requesting patient information
- Main point of contact for the nurses in the communities when requiring EMR information or Physician assistance



Health Records statistics for 2021-2022



Electronic Medical Record (EMR) Fax: Nursing Stations, Specialists, Hospitals, Pharmacies, SLFNHA, Allied Health and others fax to this confidential line.

Incoming Mail: Sorted daily and scanned into patient e-charts.

Release of Information (ROI): Requests for patient medical Information (e.g. from Circle of Care and authorized third-parties). All Circle of Care and third-party requests are tracked.

Golden Rods: Unmatched patient lab results that come electronically from hospital to EMR system that cannot find a patient's e-chart. The labs are matched up and flagged to the weekly community physician.

Asterisk: These are patient's labs results that come electronically from hospital EMR daily that cannot find ordering or cc'd physician name because physician's inbox is inactive. The unmatched labs are flagged to the weekly community physician.

Miigwetch To Our Partners!

Aboriginal Healing & Wellness Strategy
Carleton University
Canada Council of the Arts
Chiefs Council on Health
Chiefs of Ontario
Children's Mental Health Centre of Excellence
Children's Hospital of Eastern Ontario
Community Counselling & Addiction Services
FIREFLY
First Nations Family Physicians and Health Services
Fort Frances Tribal Area Health Authority
First Nations & Inuit Health Branch
Government of Canada / Indigenous Services Canada
Independent First Nations Alliance (IFNA)
Independent First Nations
Keewaytinook Okimakanak
Kenora Chiefs Advisory
Maamwesying North Shore Community Health Services
Nishnawbe Aski Nation
Northwestern Health Unit
Northwestern Ontario Infection Control Network
Ontario Sick Kids Telepsychiatry
Ontario Provincial Police
Ontario Health
Ontario Trillium Foundation
Province of Ontario
Matawa First Nations Management
Ministry of Children, Community & Social Services
Ministry of Health
Municipality of Sioux Lookout
Sioux Lookout Area Tribal Councils
Sioux Lookout - Hudson Association for Community Living
Sioux Lookout Meno Ya Win Health Centre
Sioux Lookout Pastoral Care Services
Sioux Lookout Regional Physician Services Inc.
Shibogama First Nations Council
Southcentral Foundation
Tikinagan Child and Family Services
Thunder Bay District Health Unit
Wabun Tribal Council
Weeneebayko Area Health Authority
Windigo First Nations Council

Sioux Lookout
First Nations
Health Authority