

ANNUAL REPORT

2022-2023



Sioux Lookout
First Nations
Health Authority



THE SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY (SLFNHA) ACKNOWLEDGES THAT IT IS SITUATED ON THE TRADITIONAL TERRITORY OF LAC SEUL FIRST NATION, SIGNATORY TO TREATY #3, AND FORT WILLIAM FIRST NATION, SIGNATORY TO THE ROBINSON-SUPERIOR TREATY OF 1850.

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THIS ANNUAL REPORT FEATURES PICTURES TAKEN FROM THE SLFNHA PHOTO CONTEST, WHICH RAN THROUGHOUT 2022 AND HAD ENTRIES FROM ACROSS KIIWETINOONG.

WINNING ENTRIES FOR ALL SEASONS CAN BE FOUND ON [SLFNHA.COM](https://www.slnha.com)

SLFNHA BOARD OF DIRECTORS

SLFNHA's Board of Directors is made of by representatives from 5 Tribal Councils, 2 Independent First Nations, 1 non-voting Medical Director, and an Elders Council.



Left-Right:

Samuel McKay, Alan Jethro Tait, Howard Meshake, Dr. Terri Farrell, Cynthia Fiddler, Leona Kakepetum, Tanya Bottle

CHIEFS COUNCIL ON HEALTH

The Chiefs Council on Health (CCOH) was formed in March 2004 (Resolution 04/46) by the Sioux Lookout Zone Chiefs. The original tasks for the CCOH included, but were not limited to, the following:

- Lobby to safeguard current and seek additional resources for community health programs and services.
- Implementation of the draft Sioux Lookout Zone Medical Transportation Policy.
- Secure resources for a new hostel
- Accelerate the Hospital Reinvestment Funds for the First Nations.
- Guide and direct the process on the current health initiatives.
- Facilitate and improve communication amongst First Nation communities, organizations and service providers.

Chief Donny Morris

Kitchenuhmaykoosib Inninuwug

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

I begin our message this year with a warm welcome to the new CEO of SLFNHA, Sonia Isaac-Mann. She started in her new position on June 26 of this year. With her, she brings a wealth of knowledge and experience to support SLFNHA in moving forward on the Strategic Plan and overall, in meeting community needs and improving the health system of Kiiwetinoong. It will be important for CCOH, the SLFNHA Board of Directors, and SLFNHA staff to work together collectively in supporting our new CEO as she performs her duties and responsibilities.

I would like to thank James Morris, the previous CEO of SLFNHA, for his two decades of service and wish him a happy and well-deserved retirement. During the transition between CEOs, James will continue to be an advisor to support Sonia in adjusting to and understanding SLFNHA and its 33 communities in the catchment area.

The situation has changed in which COVID-19 restrictions have been lifted in our communities and summer festivals and other community gatherings are being held. COVID-19 will always be with us as an established and ongoing health issue but is no longer a public health emergency. If necessary, we



have the tools and knowledge on how to keep our community members safe and healthy. We must not forget the lessons that we learned from dealing with the pandemic and keep them in mind as we begin our work again on initiatives that were put aside.

In the last few months, there has been an increasing focus on Health Transformation. With our new CEO, it has opened the door to determining what is Health Transformation for our region. The CCOH is looking forward to working in partnership with Sonia as we move forward into this new chapter for SLFNHA. We hope that everyone is doing well with moving forward in our communities despite the rise in mental health and addiction issues. Along with long term care, these will be issues of priority with Health Transformation entailing all of it.

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.

MESSAGE FROM BOARD CHAIR HOWARD MESHAKÉ

As I reflect on the past year, I would like to say thanks to our current board members:

- Samuel McKay, Vice Chair, Kitchenuhmaykoosib Inninuwug - Independent First Nations Alliance
- Leona Kakepetum, Secretary/Treasurer, Keewaywin First Nation - Keewaytinook Okimakanak
- Cynthia Fiddler, Director, Sandy Lake First Nation - Independent
- Alan Jethro Tait, Director, Sachigo Lake First Nation - Windigo First Nation Council
- Tanya Bottle, Director, Mishkeegogamang Ojibway Nation - Independent



I would also like to mention and welcome our new CEO/President Sonia Isaac-Mann.

Sonia Isaac-Mann is from Listuguj Mi'gmaq First Nation in Quebec. She has previously served as the Vice President of Community Health and Wellness, Programs and Services at the First Nations Health Authority (FNHA) in British Columbia. I am excited to work with her to achieve SLFNHA's strategic priorities.

With this new hire, sadly, I must mention the retirement of SLFNHA's long time serving CEO/President James Morris. James has been a valuable member of the SLFNHA team, and he will be missed. SLFNHA was fortunate to have had James lead us in many areas including Jordan's Principle, primary care, and mental health. I would like to wish him the best of luck in his future endeavours.

Though it has been a couple of years living with

COVID-19, it remains a concern for our people's health and wellbeing. SLFNHA will continue to provide public health support as we continue to navigate these challenges.

The strategic direction of SLFNHA continues to be to improve Anishinabe Health, by delivering on the strategic directions. I still believe we, as a people, can bring this idea to fruition by working as one.

Looking back on my life, if there has been one thing that sticks out to me the most is the words of my son. "Don't tell me what I have done wrong, tell me what I've done right". To grow healthy, we must speak healthy. In the end, positive talk will spread and begin to heal our people from within.

MESSAGE FROM CEO & PRESIDENT SONIA ISAAC-MANN

I would like to take this opportunity to express my deepest appreciation for the dedication that James Morris, as the outgoing President and CEO, has provided to the Anishinabe people through the work he led with the Sioux Lookout First Nations Health Authority (SLFNHA). His impact will certainly be remembered as we embark on this new chapter for SLFNHA.

As the new President and CEO, I am very humbled and honoured to join SLFNHA. I am from Listuguj Mi'gmaq First Nation and have been working in First Nations health for over 20 years. Through my experience working with the British Columbia First Nations Health Authority, I have developed knowledge in relation to Health Transfer, Integration, Innovation and Transformation to bring control and authority to First Nations over their own health care.

First Nations led health approaches must be based on culturally appropriate and relevant strategies to achieve change so that we can benefit from a coordinated continuum of care that is based on First Nations values and philosophies to address our own needs and realities, grounded in traditional wellness and cultural practices ensuring that First Nations have an active voice in our own wellness.

I believe that my own values and work experience are well aligned with SLFNHA's Strategic Plan, Vision, Mission, and Values. Grounded in where we have come from, where we are now and where we need to go will lay the foundation for delivering on the 3 pillars of the SLFNHA Strategic Plan including Community Ownership, Health Transformation, and Service Experience.

I am highly motivated and dedicated in supporting change to improve health outcomes for the Anishinabe



people of the Sioux Lookout region. I believe that my knowledge and skills can assist in the development of a comprehensive, responsive, and culturally rooted First Nations health system and model of care.

Through collaborative leadership, I am excited to work in partnership with the SLFNHA Board, Executive, and staff to continue building on an already strong team serving the Anishinabe people of Sioux Lookout region.

In the upcoming year, we will be announcing a new Medical Director as Dr. Terri Farrell has begun the process of retirement. I would like to thank her for her dedication and service to the communities of SLFNHA over the last 15 years. I have only known her for a short time, but that dedication is noticeable. Enjoy your retirement when it comes.

Looking forward, I am committed to building relationships with the Tribal Councils and the Anishinabe people of the region focusing on developing health solutions to meet health priorities and needs ensuring the ongoing delivery of programs and services.

We are in this together and I look forward to working with everyone to transform health.

YEARS OF SERVICE MIIGWETCH FOR YOUR DEDICATION!

RETIRED

James Morris
Dr. Terri Farrell

25 YEARS

Roy Carpenter
Violet Tuesday

20 YEARS

Tom Chisel

15 YEARS

Lyn Marie Manitowabi
Carolyn Goodman
Brian McIver

10 YEARS

Barb Peetwayway
Seepa Gray

5 YEARS

Arlene Pedroso
Carla Bellaman
Carol Goodwin
Kim Rhone
Larry Sherman
Nick Bresson
Ron Bird
Sherry Gabris
Tianna Jacobson-Wournell

STRATEGIC DIRECTIONS 2022-2027



MESSAGE FROM RETIRING CEO & PRESIDENT JAMES MORRIS

On behalf of all staff at SLFNHA, I express my gratitude to all Anishinabe and communities for trusting SLFNHA to get us through the pandemic and to reestablish health services in the 2021-2022 fiscal year. As we have put the pieces back together, we continue to work towards improving the health of the people.

I also acknowledge the staff of SLFNHA for the progress made to transition back to regular programming. In the spring of 2022, SLFNHA started gearing down from COVID-19 response as things started to stabilize, northern communities started taking steps to re-open, and SLFNHA returned to the office in May 2022 – I wanted to get us all back to work. Later in the year, the COVID-19 Regional Response Team (CRRT) was deactivated in December 2022. A major accomplishment was seeing the Primary Care Team and many other departments get back into communities to deliver services on the ground. SLFNHA plays a key role in the health care of the communities we serve, and it was a tremendous effort to ensure all services were returned to normal, especially in-person.

In November of 2022 I formally informed the Board that I would be retiring from the position of CEO and President of SLFNHA in the coming year. The timing of my retirement would be determined by the recruitment process for the new CEO and President who would replace me.

During our return to work I began to encounter my own personal issues. On September 24, 2022, I experienced the tremendous loss of my son. Shortly after this, I also experienced the tragic loss of one of my nephews. On January 8, 2022, my own health began to deteriorate, and I became sick and was hospitalized for 4 months.

My pending retirement has caused me to reflect on the origin of this organization and my time here. I was in Ottawa working for the Federal Government when I received word of 5 men from Sandy Lake First Nation who were fasting to protest the lack of equitable health care for First Nation communities – this was in January of 1988. Later that year I was asked to run and was elected to be Deputy Grand Chief of Nishnawbe Aski Nation (NAN) – I was given the Health and Social Services portfolio. As Deputy Grand Chief I was able to accompany the Scott-McKay-Bain community engagement panels in some of the communities. The result of this community engagement process was a report with 94 recommendations on how to move towards “Native self-government and taking



on the responsibility of health care.” When the Scott-McKay-Bain health panel report came out, the Chiefs only accepted one recommendation; to establish an Aboriginal Health Authority. Many Chiefs were disappointed when the report came out. They had hoped that this would be a big step towards self-government, but that didn’t happen. Many of the recommendations only addressed program and bureaucratic changes. The only recommendation that came anywhere near self-government was to establish a Health Authority, that is what the Chiefs accepted. So, the Sioux Lookout First Nations Health Authority was incorporated in 1991.

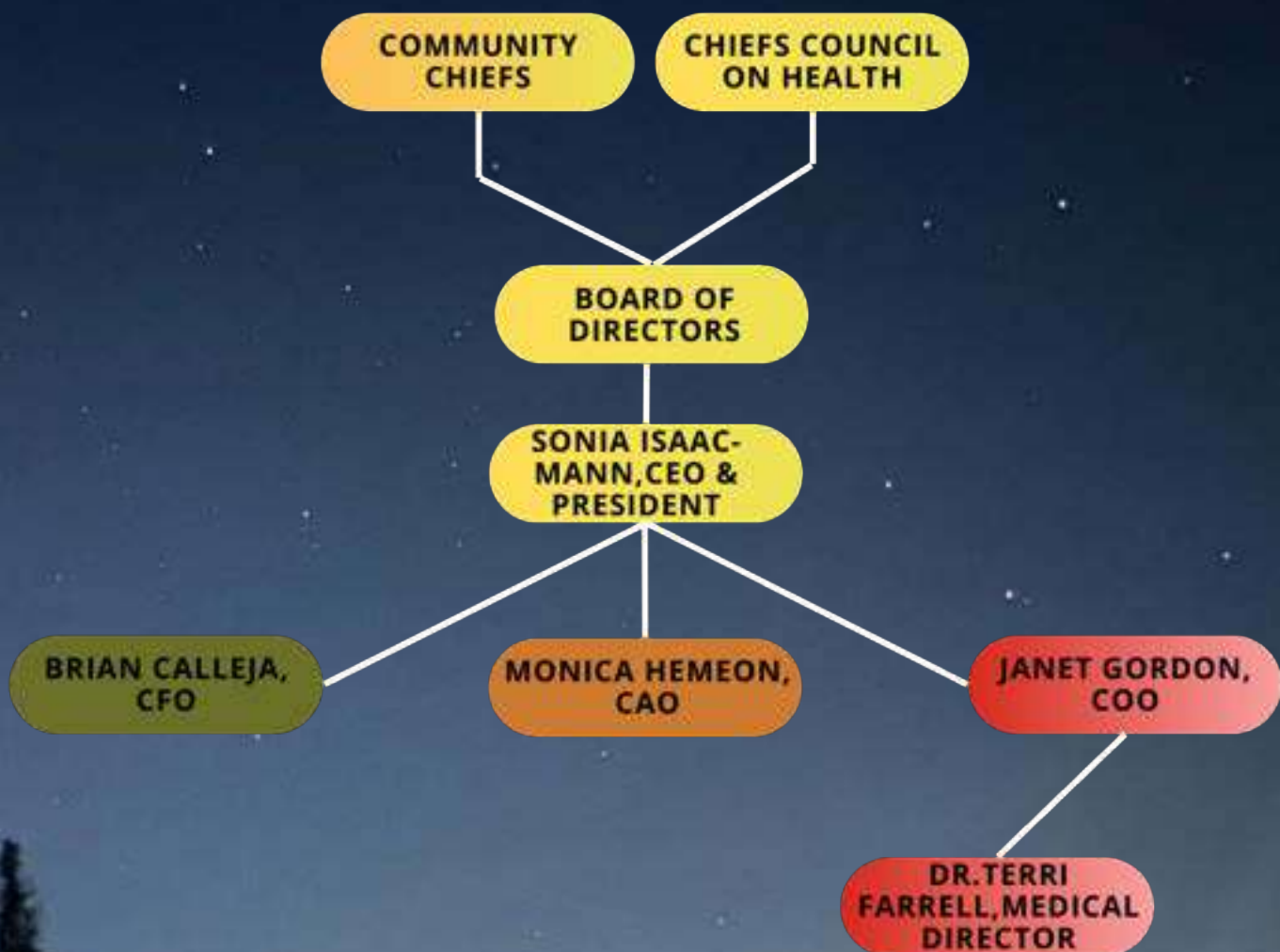
There have been many obstacles and challenges since those days but many milestones and achievements since then. One of those achievements was the Anishinabe Health Plan approved by the Chiefs in 2006. This became the roadmap to how we are going to take control of our health care from the government. The ultimate goal of the Sioux Lookout First Nations Health Authority is to take over every aspect that the government has concerning our health care – we’ve been doing that piece-by-piece, program-by-program. So, we have been doing devolution of health programs for 32 years, but that came without the proper authority to develop policies and programs that meet the needs of the communities. These areas were and still are suicide prevention, traditional healing, diabetes, and respiratory and circulatory diseases (i.e., heart attacks, strokes). In other words, policy and programs to keep people healthy.

Now, the next step in our journey is to bring the health programs under First Nations jurisdiction and control.

We are not going back; we are adapting our form, but never our essence.

Miigwetch

HIGH LEVEL LEADERSHIP



FINANCE

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ADMINISTRATION

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HEALTH SERVICES

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MESSAGE FROM CHIEF FINANCIAL OFFICER

BRIAN CALLEJA



Over the past fiscal year, 2022-2023, SLFNHA has continued a path of growth and development while overcoming challenges and seizing opportunities. While the impacts of the COVID-19 pandemic continue to affect our communities, SLFNHA has used resources effectively and efficiently to help bring back a state of normalcy. The easing of COVID-19 restrictions over the past year is a testament of the hard work and dedication of all SLFNHA stakeholders.

I would like to specifically acknowledge and say miigwetch to all 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 deliveries and ultimately outcomes for all members of the region.

Finance, through its various functions, supported the expansion of SLFNHA services during the 2022-2023 year. Examples of such are the purchase of vehicles for use by SLFNHA staff in community, the construction of community health hubs, and securing funding for a traditional healing centre and change facility. Finance was also able to provide technical support on

the feasibility of expanding hostel services in Sioux Lookout, which will enable SLFNHA to continue to provide culturally appropriate accommodations and services to our community members.

Finance has continued its push to update and automate financial functions. Much work has been put in to update SLFNHA's payroll software to the UKG Kronos system. Once the system is fully operational SLFNHA can expect to see streamlined processes, procedures, and controls. Along with the updated Payroll software, Finance has rolled out an update to SLFNHA's accounting software to Sage Intacct, which will advance SLFNHA further into the paperless future and improve reporting and ultimately decision making.

I look forward to working with a dedicated and compassionate SLFNHA team to make even greater strides in the health outcomes of our community members over the coming fiscal year.



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 Finance Department and the agency overall.

In addition to daily functions, Finance also provides broader functions such as project management and strategic planning. Each member of the Finance Team is responsible for providing coverage and support as required by workflow and team member absences to ensure continuity of services. Finance Analysts/Clerks have been identified as ambassadors for each department area within the organization to better support and assist each program with their financial responsibilities and accountabilities.

Highlights and Achievements

- Worked with Developmental Services to complete the construction and opening of new office space at 40 King St.
- COVID-19 logistics coordination.
- Secured funding for an inclusive change room facility and traditional healing centre for Onaman Ziibi.
- Assisted in securing funding and coordination of the purchase and delivery of nine (9) vehicles for SLFNHA use in communities.
- Assisted with the construction of multi-use COVID-19 vaccination buildings in 4 communities.
- Worked towards the deployment of new accounting software that will streamline reporting and budgeting for all departments.
- Completed the first full year of operations of Onaman Ziibi, SLFNHA's new facility which brings programming closer to the land.
- Assisted in the organization of COVID-19 charter and vaccine coordination proposal totaling in over \$1.2 million in funding.
- Finance Staff completed multi-day training in Microsoft Excel and Project Management.
- Streamlined the SLFNHA procurement process, including the onboarding of the Procurement and Contracts Coordinator.
- Extensive work completed on the new Finance Policies and Procedures manual.
- Performed a business case analysis on options for expanding Hostel services in Sioux Lookout.

Challenges

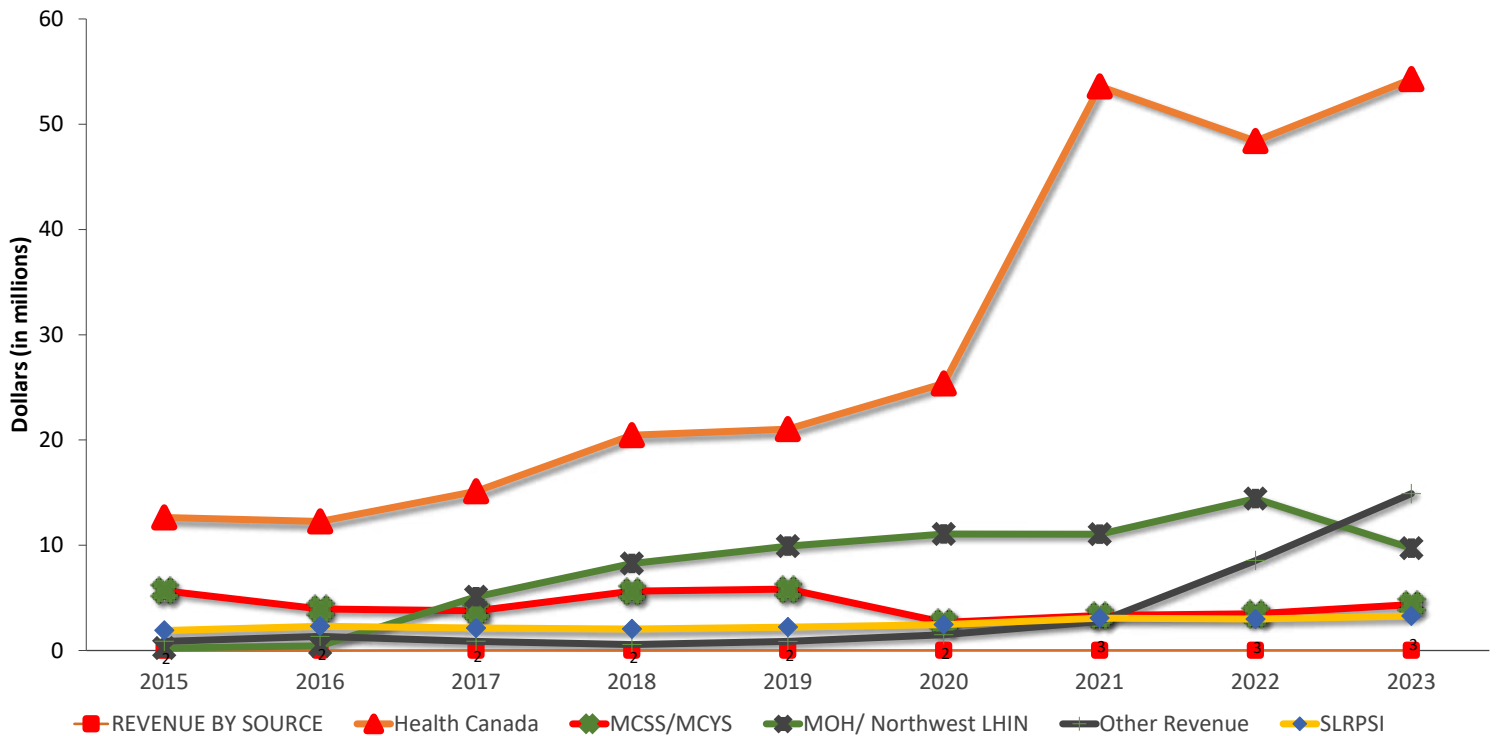
- Overall, the Finance department considers the fiscal year 2022/2023 to have been a success, however some challenges faced by the Finance department include:
- Monitoring unsecured and secured funding through the pandemic to ensure resources were available when required.
- Higher than anticipated inflation has made managing budgets efficiently a priority.
- Assisting SLFNHA staff in securing affordable housing.
- Establishing sufficient and consistent connectivity throughout work areas/facilities.

Moving Forward

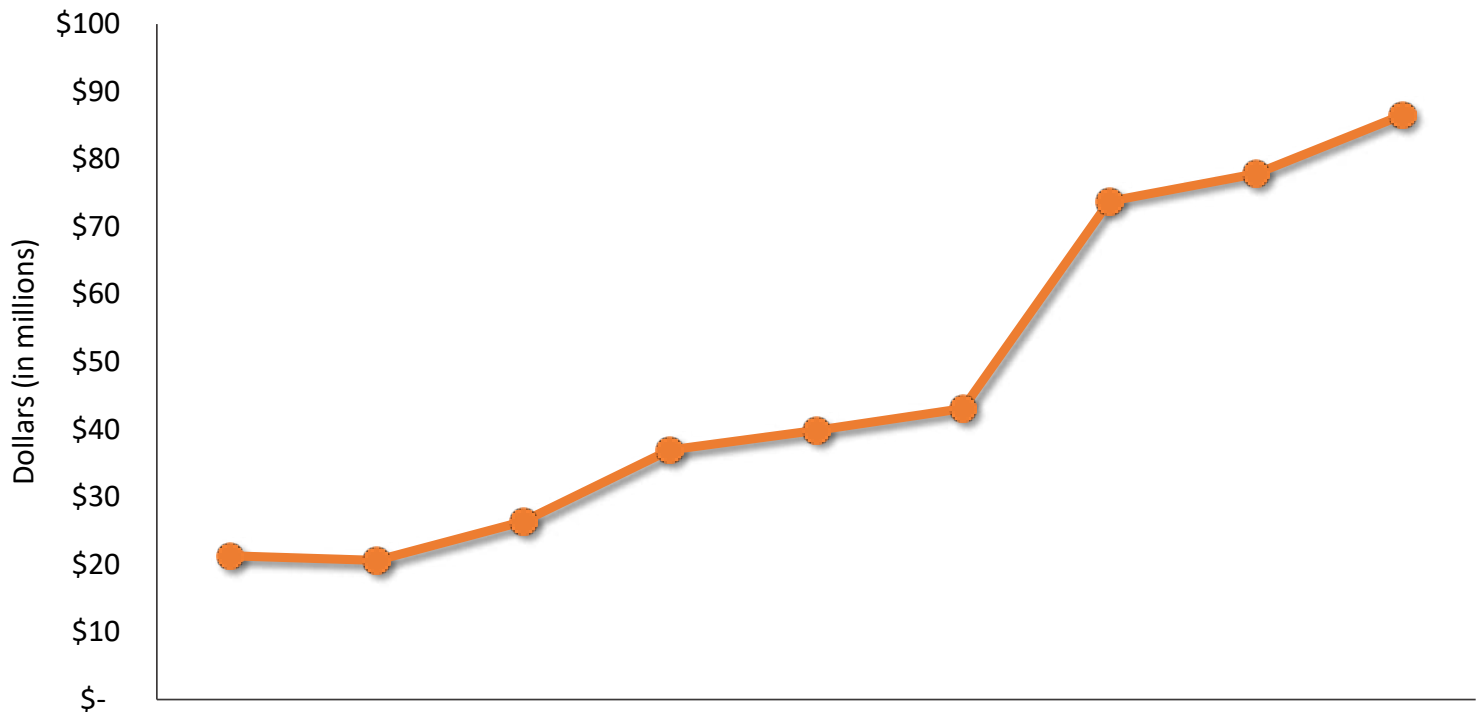
- Going into 2023 and beyond, Finance is committed to its goals set out in the Finance work plan:
- Deliver High Degree of Client Service to Internal and External Clients.
- Leverage Innovation with the Vision to Improve Services.
- Actively Manage Budgets while forecasting program growth and deliverables.
- To achieve these goals Finance will implement a variety of strategies and initiatives, including expanding the Program Ambassador role to have more in depth involvement with their assigned department, Cross-Train Finance staff to increase flexibility, complete Sage Intact rollout, continue to support the expansion and procurement of the Health Hubs into more communities, perform a review of SLFNHA employee benefits in order maximize utility, work to expediate response times for finance tasks and continue to gain expertise on provincial and federal funding agreements.
- Finance is also excited to support Onaman Ziibi in its second full year of operations and continue to deliver improvements in health, both physical and mental, for all members of communities served by SLFNHA.

FINANCE

Trends in Revenue by Funding Source from 2015 - 2023

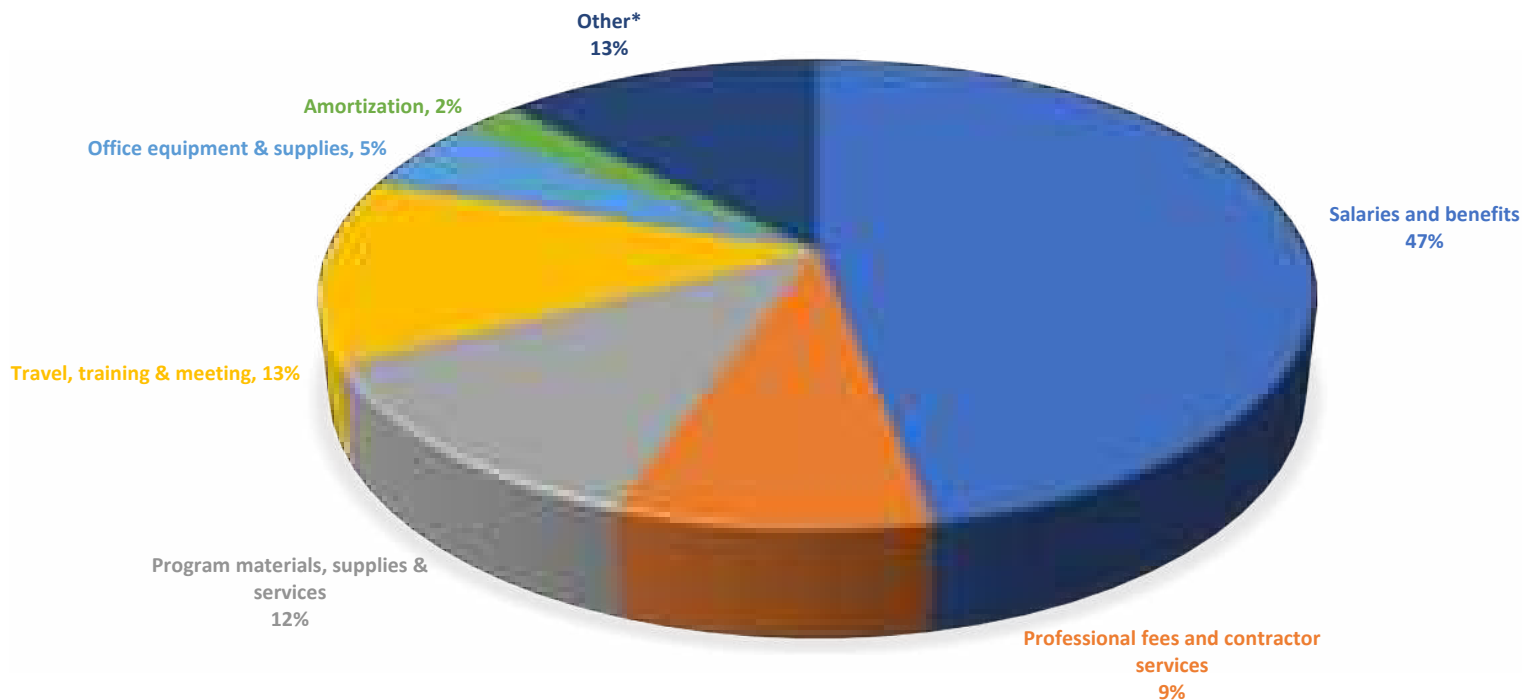


Total Revenue from 2015 to 2023



	2017	2018	2019	2020	2021	2022	2023
TOTAL REVENUE	\$26,387,551	\$36,955,205	\$39,871,427	\$43,064,798	\$73,793,173	\$77,846,765	\$86,561,989

EXPENDITURE BY CATEGORY



Expense by Category For the year ended March 31, 2023	
Salaries & Benefits	\$37,866,360
Professional fees and contractor services	\$6,950,321
Program materials, supplies & services	\$9,561,191
Travel, training & meetings	\$10,229,299
Office equipment & supplies	\$4,172,099
Amortization	\$1,874,311
Other	\$10,098,921

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

PRIVACY PROGRAM

Privacy Management Program

Supports SLFNHA and First Nation communities to meet Privacy obligations under provincial and federal legislation and the principles of OCAP™ (ownership, control, access, and protection).

Privacy and Confidentiality is taken seriously by SLFNHA and is an important part of the culture of the organization. The Privacy Management Program monitors compliance on an ongoing basis.

Privacy Office Governance Structure

Accountability and responsibility are distributed to the SLFNHA Board, the Executive team (CEO, COO, CAO, and CFO), and the designated Privacy Officer. As a point of contact, the Privacy Officer oversees/manages the SLFNHA Privacy Program's operation in compliance with the provincial Personal Health Information Protection Act (PHIPA), the federal Personal Information Protection and Electronic Documents Act (PIPEDA), and the principles of OCAP.

Services Provided

Privacy Policy, Procedure and Consent Directives: Outlines how Personal Health Information (PHI) and Personal Information (PI) are collected, used, disclosed (including the Release of information and lockbox usages), retained and disposed of, following the SLFNHA Privacy Policy and Privacy Legislations.

Privacy Risk Assessment: Conducting privacy impact assessments (PIA) to identify potential privacy risks and vulnerabilities within the organization. This includes assessing the data handling practices, security measures, and third-party assessments. Also conducting PIA for new projects, systems, or processes to identify and mitigate any privacy-security risks before implementing new initiatives.

Data Governance: Establishing processes and controls including Data classification, Data inventory and Data mapping. This ensures that the information is appropriately managed throughout the data life cycle and that data handling practices comply with privacy and security requirements.

Privacy Security Breach and Incident Response Management: This includes following the SLFNHA's Breach protocol, notification procedures, and minimizing the impact of privacy breaches on affected individuals and risk remediating the system gaps.

Privacy Auditing and Compliance Monitoring: This involves reviewing data handling processes to ensure compliance with privacy policy and legal requirements. And implementing corrective actions as necessary.

Privacy Governance and Accountability: The designated Privacy officer, oversees and manages the privacy-related activities and acts as the point of contact for privacy-security-related inquiries

or concerns.

Privacy Training and Awareness: Providing privacy training and awareness programs for employees to ensure they understand their obligations regarding the protection of SLFNHA's confidential data. This includes educating employees on privacy policy procedures, data handling practices and the importance of confidentiality.

Highlights and Achievements – Privacy Office (SLFNHA and SLRPSI):

Phase I / Short-Term Goal:

- Established Privacy Office
- Collaborated with Information and Privacy Commissioner of Ontario (IPC) and the Office of the Privacy Commissioner of Canada (OPC)
- Privacy Statement (Paper-based and Online Version)
- Privacy Annual Tracking and Training (for Existing and New staff)
- Privacy Office Reporting and collaboration with other departments (Administration and Health Service)
- Developed Telework Procedure, Non-Disclosure Agreements/ Privacy-agreements, and Visual Statement
- IT Data – Database Inventory with the collaboration of the IT Team
- Breach Protocol Establishment with the collaboration of the HR team
- Regular Privacy Security Memos and Reminders/Awareness
- Annual Stat Reporting to the Office of the Information and Privacy Commissioner of Ontario.

Phase II / Long-Term Goal:

- Centralizing the Privacy and Data Governance of SLFNHA through Data Assessment (PIA), Data Inventory and Data Mapping

Organizational Data Assessment (i.e., Privacy Impact Assessment) including Vendor Assessment is ready to move forward for implementation. Where the Assessment consists of 6 Segments/elements:

Main Privacy Impact Assessment	Privacy Policy	Security Institutional Workplace
Security Sustaining Section	Research Section	Privacy Breach Management

Data Inventory – for Personal Health and Personal Information:

IT Database Completed	HR Database Inventory Completed	Client Services Database Inventory Completed
Finance Database Inventory Completed	Communications Database Inventory Completed	Health Service Database Inventory Under Process

Data Mapping – Personal Health (Health/Client Service) and Personal Information (Corporate) are currently Under process. But automatically linked to the Data Inventory for mapping the data using the Privacy Platform.

SLRPSI PIA: Completed and working on the Version #2 upgrade.

Privacy Training:

Category #1: New Staff Orientation - Currently regular in-person monthly Orientation is provided to all new staff.	Category #2: Existing Staff Annual Training – Privacy Module is updated and distributed to Existing Staff with more reference to SLFNHA's Privacy Policy
Category #3: Leadership Training Initiative - monthly leadership Privacy training for Managers with the Privacy Officer with more specifications on streamlining the coordination with the Privacy Office, including resources on ROI, Breach and more.	

Release of Information (ROI): Regular monitoring and tracking

for the Consent Directive; Collection, Use, Lockbox/Blocking and Disclosure with the Designated staff and the Privacy Officer. And annually the ROI Stat is reported to the Information and Privacy Commissioner of Ontario.

Auditing: For a proactive process, the Privacy officer is currently working to implement the procured or developed automated software to flag the suspected incidents.

Challenges

- Establishing and securing funding for two privacy support-work roles for the Privacy Management Program, specific to 'Record Management and Releases' and 'Program coordination and Auditing support worker'. Restructuring all privacy-designated staff to report directly to the Privacy Officer for better privacy compliance, and to centralize record-keeping and improve workflows for auditing and Release of Information requests.

Moving Forward

- Centralizing the Privacy Security reporting systems (i.e., ROI, Consent Directives, Lockbox, Breach/Incident Response, Auditing, Inquiries or Concerns, and other privacy-security related activities) with the help of the direct reporting privacy-work support staff to the Privacy Department/Officer, for better compliance with Privacy and Security.
- Implementing the procured or developed EMR/Privacy Automated Auditing tool for regular Auditing and compliance with privacy regulations.
- Working on community reach, that is, providing Privacy and Security supportive tools and resources, to the communities that we serve.

Privacy Training - Annual Stat Report & Trends		
Category	2021-2022	2022-2023
Organizational-Wide	89%	90%
Healthcare Custodians	86%	New Privacy Module distributed to staff.
Hostel & Administration	57%	

AUDITOR'S REPORT

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, 2023, 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, 2023, 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.



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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.

Thunder Bay, Ontario

August 17, 2023

MNP LLP

Chartered Professional Accountants

Licensed Public Accountants

MNP

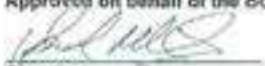

Sioux Lookout First Nations Health Authority **Statement of Operations and Changes in Net Assets**

For the year ended March 31, 2023

	General Fund	Invested in Tangible Capital Assets	Restricted Fund	2023	2022
Revenue					
Indigenous Services Canada	46,924,062	-	-	46,924,062	56,932,033
Ministry of Children, Community and Social Services	4,372,212	-	-	4,372,212	3,481,243
Ministry of Indigenous Affairs	3,865,314	-	-	3,865,314	1,600,000
Nishnawbe Aski Nation	1,581,761	-	-	1,581,761	1,190,979
Ministry of Health	14,410,405	-	-	14,410,405	18,076,881
Other income	9,458,084	-	-	9,458,084	6,037,469
Sioux Lookout Regional Physician Services Inc. (Note 6)	3,277,361	-	-	3,277,361	2,988,301
Amortization of deferred capital contributions (Note 11)	196,473	-	-	196,473	58,725
Change in deferred revenue (Note 9)	7,168,201	-	-	7,168,201	(8,593,387)
Funder recoveries	(4,691,884)	-	-	(4,691,884)	(3,925,479)
Total revenue	86,561,989	-	-	86,561,989	77,846,765
Expenses					
Administration and internal allocations	24,723	-	-	24,723	121,269
Advertising, recruiting and promotion	328,751	-	-	328,751	414,463
Amortization	1,874,311	-	-	1,874,311	1,410,262
Automobile	294,681	-	-	294,681	191,362
COVID-19 supplies	32,162	-	-	32,162	681,326
COVID-19 support purchases	445,598	-	-	445,598	565,180
Honorariums	273,636	-	-	273,636	109,100
Insurance	401,972	-	-	401,972	287,840
Interest on long-term debt	381,661	-	-	381,661	383,591
Occupancy costs	6,812,693	-	-	6,812,693	4,196,840
Office equipment, materials and supplies	4,172,099	-	-	4,172,099	2,980,618
Physician services	23,166	-	-	23,166	115,073
Professional fees and contractor services	6,950,321	-	-	6,950,321	7,152,464
Program materials, supplies and services	9,561,191	-	-	9,561,191	10,664,025
Repairs and maintenance	1,079,878	-	-	1,079,878	1,242,223
Salaries and benefits	37,866,360	-	-	37,866,360	33,210,060
Travel, training and meetings	10,229,299	-	-	10,229,299	10,403,263
Total expenses	80,752,502	-	-	80,752,502	74,128,959
Excess of revenue over expenses	5,809,487	-	-	5,809,487	3,717,806
Net assets, beginning of year	7,975,749	7,503,639	1,340,000	16,819,388	13,101,582
Change in invested in tangible capital assets (Note 15)	(546,532)	546,532	-	-	-
Interfund transfer (Note 16)	(268,000)	-	268,000	-	-
Net assets, end of year	12,970,704	8,050,171	1,608,000	22,628,875	16,819,388

The accompanying notes are an integral part of these financial statements

Sioux Lookout First Nations Health Authority
Statement of Financial Position
As at March 31, 2023

	2023	2022
Assets		
Current		
Cash and cash equivalents (Note 3)	43,223,837	39,582,899
Accounts receivable (Note 4)	2,231,938	638,144
Prepaid expenses and deposits	-	1,047
HST recoverable	278,812	1,069,470
Due from funding agencies (Note 5)	8,406,694	10,102,341
	54,141,281	51,393,901
Due from Sioux Lookout Regional Physician Services Inc. (Note 6)	332,193	384,677
Tangible capital assets (Note 7)	17,019,616	15,254,342
Collections (Note 8)	15,000	15,000
	71,508,090	67,047,920
Liabilities		
Current		
Accounts payable and accruals	7,617,821	7,707,324
Government remittances payable	584,486	443,179
Deferred revenue (Note 9)	18,193,614	25,358,518
Due to funding agencies (Note 10)	13,498,849	8,953,808
Deferred contributions related to tangible capital assets (Note 11)	1,499,315	1,007,048
	41,394,085	43,469,877
Term loans due on demand (Note 12)	7,485,130	6,758,655
	48,879,215	50,228,532
Commitments (Note 13)		
Contingencies (Note 14)		
Subsequent event (Note 21)		
Net Assets		
General	12,970,704	7,975,749
Invested in tangible capital assets	8,050,171	7,503,639
Restricted	1,608,000	1,340,000
	22,628,875	16,819,388
	71,508,090	67,047,920
Approved on behalf of the Board		
 Director	 Director	

The accompanying notes are an integral part of these financial statements

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Vision

Resilient and Healthy Nations supported on their path to wellness.



Mission

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

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.

MESSAGE FROM CHIEF ADMINISTRATIVE OFFICER

MONICA HEMEON



First and foremost, I would like to start off by saying miigwetch to all the staff and leadership at SLFNHA, the Board, the communities, and the people we serve for their hard work and perseverance this past year. Miigwetch.

We have faced many challenges and changes during this time, which included adjusting to life as we come out of the COVID-19 Pandemic, rising numbers of clients needing accommodation, staffing shortages, and department restructuring. Over the next year I am excited to see us continue to provide quality services and overcome some of these challenges while continuing to provide support and services to all our communities and clients.

The Client Service Department (CSD) has continued their hard work and dedication to ensure ongoing and improved service to our clients and communities. Recently, SLFNHA has acquired a third Hostel previously known as the Sioux Inn and Suites, which will greatly benefit clients and help aid the current accommodation issues. They have gone through a few structural changes as well, for all hostels Karen Costello's role has changed to Associate Director of Administration and Michael Cummine's role to Associate Director of Operations. They have faced many challenges including, staffing shortages, COVID-19 related issues, as well as increasing accommodation numbers. The Patient Navigation Program has changed its name to Meno Weecheeheeway, meaning 'Good Helper'. They currently have 3 Navigators each in Winnipeg and Thunder Bay, 4 in Sioux Lookout, and are there to assist clients with their journeys through the medical system.

People and Culture (Human Resources-HR) has continued to be focused on both policy updating and recruitment and retention. SLFNHA has grown over this past year and has improved our employment of First Nations staff. We currently have a 46% Indigenous staff count. The HR team has put together a new orientation program for employee and leadership successful on-boarding. They have continued to work towards First Nations capacity building by going into the communities and schools to talk to students about careers in Health Care and working at SLFNHA. Anna Marie Kakegamic, the Associate Director of Culture, has continued to work on integrating culture, language, and traditional teachings throughout the organization. We hope to have growth in this area over the next year but to start, she will be bringing together the current Indigenous staff to create a safe space for employees to learn and grow within the organization. A new HRIS system is in the process of being implemented which will make employee requests such as time off, pay changes, etc., easier and less time consuming for both the employee and management. In addition, the HR team has been hard at work amending and updating all policies within the organization to help ensure consistency, efficiency, the meeting of provincial regulations and clarity on how SLFNHA operates.

Information, Communication, Technology (ICT) is a new department which combined the programs of Information Management (IM), Communications, and Information Technology (IT). We would like to introduce the new ICT Director, Larry Schultz who has shown great leadership and helped to improve services around all these programs. Information Management or Data Management has come over from the Health Services side to be monitored and supported by the administration and IT teams. They have been busy with the startup of the EMR 'Filing Cabinet' where a provider can have access to all the various EMRs used by communities, hospitals, agencies, etc. It helps with better access and information sharing to provide a better, more informed service. The Communications Team has been busy keeping up with all the communication needs for SLFNHA including photo contests, social media strategies, visual identity, and putting together a seasonal newsletter which has helped increase the knowledge of what our

organization is doing and showcasing some of the amazing staff here at SLFNHA. Information Technology has remained consistent with the needs of the organization and has kept up with the growth and advances in technology.

I would like to thank all our staff for your dedication to our communities and clients. All your hard work did not go unnoticed.

Highlights and Achievements

- Acquired the third Hostel and restructured the CSD department to better serve our clients.
- Meno Weecheeheeway Patient Navigator Program start up.
- New orientation and on-boarding program through HR to start our staff off for success.
- Culture and language training programs offered to SLFNHA staff.

Challenges

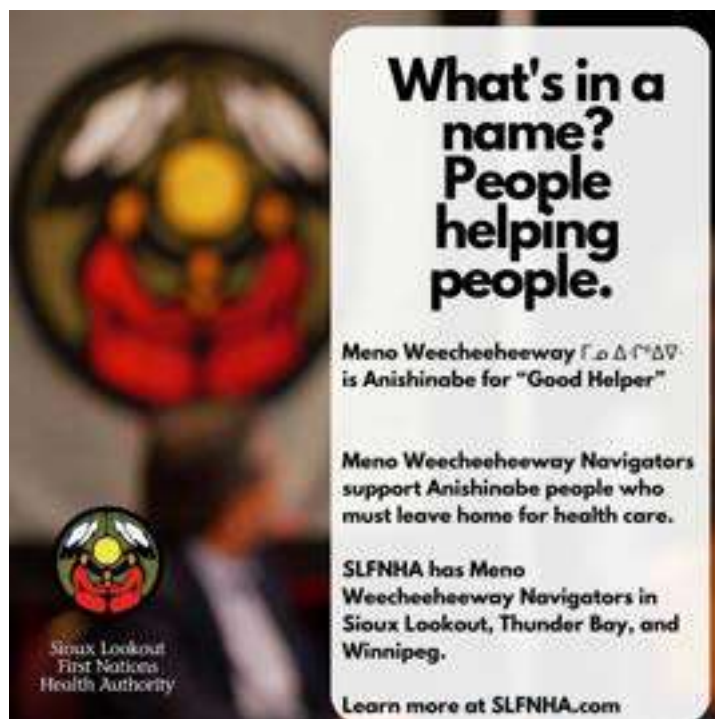
- Health HR vacancies nationally remain.
- Engaging and retention of staff with vacancies across the healthcare system.
- The providers for accommodations within Thunder Bay and Winnipeg receive many complaints and concerns. We continue to advocate for our clients and are working collaboratively to come up with solutions that are in the best interest of our clients.
- Winnipeg accommodations and transportation concerns.

Moving Forward

- Implementation of the new Human Resource Information System (HRIS).
- The Patient Navigator program will assist clients coming out of their communities for medical appointments with translation, advocacy, collaboration, and support.
- Looking at improved services in Winnipeg, Thunder Bay and what that would mean for SLFNHA.
- Exploring the use of the Third Hostel and what that will look like.
- Working with Indigenous Services Canada in Manitoba to provide better services to our clients going to Winnipeg.



Third Hostel, Located at 2 Sturgeon River Road



Meno Weecheeheeway Patient Navigator social media post

HUMAN RESOURCES

The People and Culture (HR) team is made up of 13 staff who support employees and leadership to provide services to our communities. HR services are provided through several systems including Talent Management/Recruitment, Compensation and Benefits, Training and Development, Health and Safety, Employee Relations, Performance Management/Consulting, and Culture.

SLFNHA's mission is driven through its people and culture for its communities, so we consider this to be a critically important responsibility. It continues to develop and grow new and more complex programs and partnerships.

Highlights and Accomplishments

- **People and Culture:** With our team of both experienced and new additions, a great deal of learning new roles and system development is occurring within the human resources team.
- **COVID-19:** Remained a significant source of work and challenge during this period. The ever-changing needs of keeping our communities and staff safe from COVID-19 certainly elevates and creates many HR functions. These included but are certainly not limited to working on: Redeployment of staff, COVID-19 health and safety monitoring and policies like surveillance testing, masking, immunization, and IPAC.
- **Recruitment:** Several adjustments have been made to our recruitment sourcing efforts and planning. We have engaged increased social media-based advertising such as Facebook (Including First Nation community-based advertising), LinkedIn, and Indeed. We attended more than 30 employment events, partnering with post-secondary institutions, First Nation communities, employment organizations, and regional organizations to increase awareness of the opportunities that we have available.
- **Orientation/Leadership Orientation/On-boarding:** The HR Team has worked with Leadership in the development of a two-day staff orientation program, in which 119 new employees attended. We have recently started a two-day Leadership On-boarding program.
- **Improved Systems Development:** This includes new HR processes and policy development moving from Federal Jurisdiction to Provincial. This includes significant development of provincial based Health and Safety program, committee

development, and team training.

- **Training and Development:** We have had 192 staff go through:

Cultural Appropriateness Training	Progressive Discipline (57 SLFNHA Leaders)	Recruitment & Selection (46 SLFNHA Leaders)
Performance Management (46 SLFNHA Leaders)		

EDUCATIONAL SESSIONS OFFERED TO STAFF:	
Customer Service Excellence	Lateral Violence
Wilderness Survival Skills	Mental Health First Aid

Staff logged 740 Hours of education completed through HR Downloads



Challenges

- **Recruitment/First Nation Community Employment and Capacity Building:** We are developing more initiatives on improving how to bring our positions closer to communities and staffed by community members wherever possible. We continue to build on our communication outreach through increased usage of social media and digital strategies.
- **Succession Planning/Mentoring/Laddering:** Continued work on our Critical Role Talent Mapping process to develop, retain and recruit key roles for a sustainable system.
- **HR Systems:** We have a great deal of system and policy development to create to ensure best practice.
- **Organizational Cultural:** Ensuring that we are providing effective, appropriate services to our communities.
- **HRIS:** Along with Payroll/Finance we have selected a Human Resources Information System (UKG). We have begun to work on the development and implementation of this new product.

Moving Forward

- **Strategic Human Resources Plan (SHRP):** We continue the development of a SHRP that will work with the SLFNHA Strategic plan and mission, vision, and values. This plan will affect all areas of HR with the department and throughout each portfolio to improve our services.



INFORMATION TECHNOLOGY

Corporate IT

The Information Technology department is responsible for SLFNHA's technical infrastructure, network, electronic security, phone systems VoIP, cellphones, workstations, and tablets.

Information Technology provides IT support for Corporate (SLFNHA) and Clinical (SLRPSI)

Highlights and Accomplishments

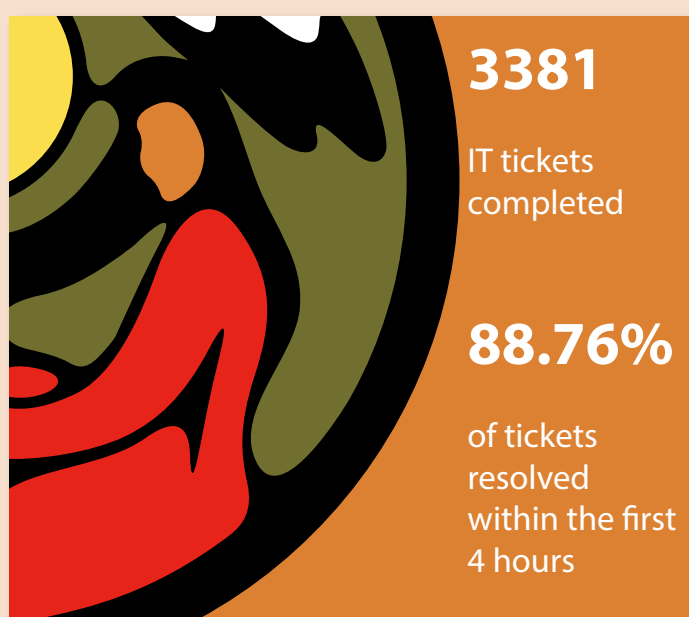
- Tickets solved 3381, 88.76% of tickets resolved in the first 4 hours.
- Hired Four new staff, 2 Help Desk Technicians, One Network Administrator and One EMR Advisor.
- New sites with complete IT infrastructure: 40 King and Keewaywin Health Hub.

Challenges

- Hiring staff was difficult, had to keep interviewing until a successful candidate was found and willing to move to Sioux Lookout.
- Improving the SLFNHA network, lots of planning and steps are needed to ensure that there is little down time for staff.

Moving Forward

- Implementation of Zero Trust Cloud Gen, this will further increase security of our network and client's data.
- Network redesign, this will make the network more simplistic and easier to manage.
- New Mobile Device Management software, increase security for mobile devices and easier management of them.
- New sites to be completed with IT infrastructure: 69 King, 73 King, Hostel 3, 60 Front, 3 more Health Hubs and Onaman Ziibi Camp



Clinical IT

Highlights

Oscar EMR merge of the Hugh Allen Clinic and Northern Clinic databases completed.

Outside Users agreement to access OSCAR:

- Developmental services
- Primary Care team
- Indigenous Services Canada
- Matawa

Client Survey tablet (Feedback Kiosk) is now available for use in the Northern Clinic. The kiosk is conveniently set up in the client waiting room. Prescribe IT is a digital prescribing service that facilitates secure transmission of prescriptions between healthcare professionals and pharmacies. It replaces paper-based prescriptions.

Challenges

- Staff shortages throughout the organization

Moving Forward

- ISC Nurse on boarding, about 62 Nurses to access Oscar
- KO (Keewatinook Okimakanak) onboarding, 19 RN's, 2 RN Managers, 1-2 Admin on site.
- DHDR – Digital Health Digital Repository, help healthcare providers access accurate and up-to-date medication data, supporting efficient prescribing, medication reconciliation.
- Prescribe IT, finishing the implementation



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 helps SLFNHA communicate internally, with our partners, and to the communities we serve. The Communications Department is made up of 4 staff: 1 Manager, 2 Officers, and 1 Assistant.

Highlights and Accomplishments

- **Annual Report:** Published 2021-22 Annual Report.
- **Special Events:** Planning and on-ground support for 2023 Kanawenimitisowin Summit & Annual General Meeting.
- **SLFNHA Templates:** Developed and implemented, organization wide, new SLFNHA document templates.
- **Visual Identity Guide:** Updated Visual Identity Guide for internal and external reference.
- **Otipacimo:** Created content, developed articles, designed, and published 4 issues of the quarterly newsletter, Otipacimo (Storyteller).
- **Language Revitalization:** A priority for the communications department is to ensure that most content is translated to Oji-Cree, Ojibwe, or Cree.
 - Resources, printed/online content and pamphlets are translated.
 - Radio scripts are translated for broadcasters.
 - SLFNHA's main newsletter, Otipacimo, is printed in English and Oji-Cree.
 - Love Your Language is an article developed for the newsletter that promotes language revitalization.
- **Website:** Developed new SLFNHA Website.
- **Photo Contest:** Facilitated 4 seasonal Photo Contests that saw hundreds of photos submitted from communities SLFNHA serves. This served two purposes:
 - Successfully achieving and growing Community Engagement.
 - Access to photos that reflect the true communities SLFNHA serves.
- **Branding Guidelines Presentation:** Developed official SLFNHA Branding Guidelines Presentation / PowerPoint to be offered in-person or online at all departments requests.
- Worked closely with HR on promoting Career Fairs through social media and newspaper.
- **Design:** Worked with Indigenous artist, Shoshannah Fox (Bearskin Lake First Nation) on the development of 2SLGBTQ+ logo that reflects the region and organization.

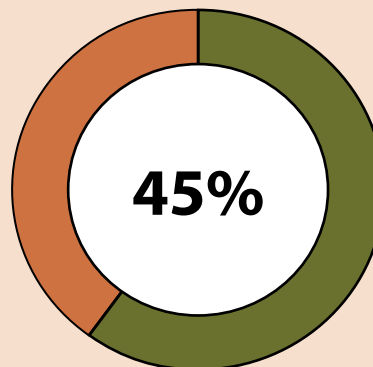
- **Stock Photos and Videos:** Planned and facilitated a two day photo/video shoot that depicted SLFNHA and hostel services, SLFNHA staff, patient care, health care/patient interaction, and what Indigenous lead health care looks like. These photo and videos are available to all departments.
- **New Staff:** hiring of additional Communications Officer and Communications Administrative Assistant Summer Student.

Challenges

- **Graphic Design:** Keeping up with graphic design requests while team was low staffed. This was overcome by prioritizing and dividing the workload appropriately based on staff capacity.
- **SLFNHA Templates:** Implementing and ensuring new SLFNHA templates, logo graphics and Email signatures are being used organization wide. This is an ongoing initiative with goals to create guides on how to use these resources.
- **Inter-departmental Project Deadlines:** Competing deadlines for projects supported by comms across the organization. This was overcome by adding additional staff to meet the deadlines required.

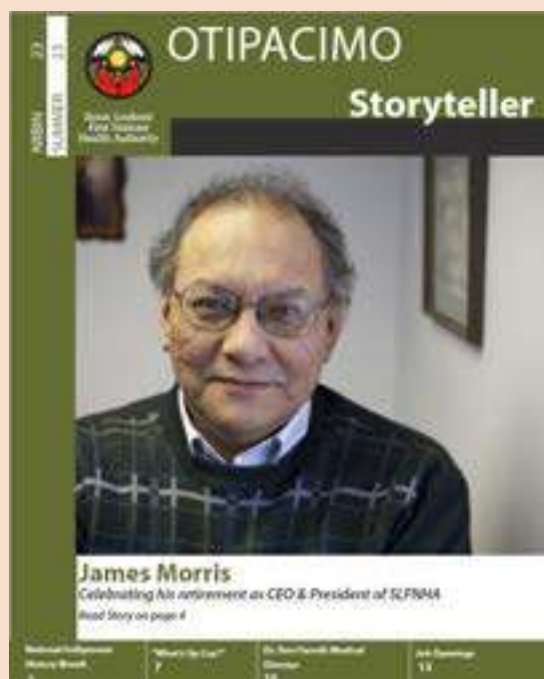
Moving Forward

- **Staff Intranet:** A goal has been made to update or replace the staff intranet to ensure ease of use and develop an online space for staff to connect. We aim to achieve this goal in 2023-24.
- **Branding Guidelines Presentation:** A goal has been set to familiarize departments through short presentations on the importance of visual guidelines and SLFNHA branding.
- **Social Media:** Communications aims to continue to grow the organizations online presence through on-brand and consistent messaging. The comms department aims to work closely with other departments to ensure all resources are reaching the appropriate audiences.
- **Community Engagement:** Communications will continue to utilize all opportunities to increase community engagement. This will happen through additional online contests, live video events, swag for in-person events, and ensuring communities see themselves in the resources and content the communications department develops or assists with.
- **Accessible Print Resources:** Develop a cloud-based resource tool to make available internal publications or health posters to communities.



~5% growth in regional First Nation social media followers

Social Media Growth 2022-2023			
Facebook	4000	4300	+7.5%
Twitter	280	430	+54%
LinkedIn	2100	3800	+81%



HEALTH INFORMATION

The Health Information (HI) Team is responsible for SLFNHA's health records management and helps with the process of transitioning to 'eHealth' systems. The HI team's main tasks include:

Managing digital health records and scheduling systems	Introducing new digital software to the organization and communities
Training staff to use digital systems	Promoting integration and access to patient record systems used in the region and by the province



Highlights and Accomplishments

- More than 150 unique participants participated in "Learning After Lunch" and other education webinars designed to further develop comfort and skills with using Mustimuhw, our cEMR (community Electronic Medical Record).
- Two new programs were onboarded to the EMR, supporting efforts to bring SLFNHA service information into one place.
- Funding was approved for "The Filing Cabinet," a digital initiative that will gather data from multiple databases to improve access to health information.

- The Filing Cabinet will make sure care providers have the best available information to do their job, remove the need for patients repeatedly retell their personal health stories and will be the foundation for a future client coordination system.

Phase One: Architecture and design of the project, was completed in the summer of 2022.	Phase Two: Building the test version, began in the winter of 2022.
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- WellSky, a web-based scheduling system was rolled out to non-clinical departments, including travel and property management, to manage:

Onaman Ziibi Culture Camp reservations	Treatment/service spaces in community
Vehicle bookings	Charter flights

- Hosted a 2 day, in-person "Data Extraction and Report Creation" training event for quality assurance/decision support staff and data analysts who use Mustimuhw across different clinical settings. This was the first-ever enhanced training event of its kind for Mustimuhw and for SLFNHA.

Challenges

- Unreliable digital connectivity in some communities:** Sometimes it's difficult for staff to provide optimal services in community because it's difficult to access client information. This makes it hard to coordinate with other service providers to make integrated care plans, or to make referrals to other resources. Connectivity issues have also prevented the implementation of community-based digital health services. As projects are completed (e.g., Bell and KNet upgrades) this work will move forward.
- The lack of funding from ISC for Health Information:** Health information departments are essential parts of hospitals and health organizations, just like Information Technology or Human Resource departments. Health information teams in other organizations support the

transition to digital information management, and improving access to care. Unlike other organizations of its size, SLFNHA does not get funding for basic (day-to-day) Health Information team operations. The lack of financial resources will delay efforts to gain access to other data sources or use digital resources and tools, like eReferral. Without adequate funding it will be difficult to catch up, let alone keep up, with digital transformation in health care, which will ultimately impact other efforts to transform health service delivery.

Moving Forward

- The Health Information team plans to grow the team to implement new digital health tools, enhance the onboarding and training programs for staff who use digital health tools, investigate opportunities to share or coordinate community access to data, and support communities as they implement their own digital health projects.
- **Obtain funding for Health Information initiatives and staff:** Develop integrations with SLFNHA EMR and eHealth e-Referral, Dental, Filing Cabinet.



Interactive Reports Workshop that was held in Winnipeg.



Photo of the Na-na-do Keh-kenj Gi-ka-win: Health Data Conference at the Valhalla Inn in Thunder Bay.

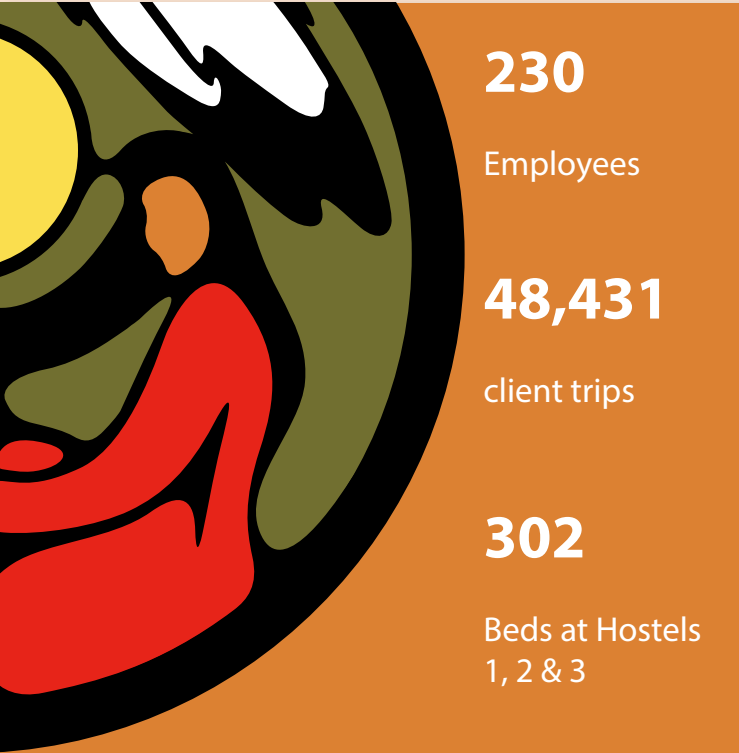
CLIENT SERVICES

Jeremiah McKay Kabayshewakamik Hostels

Client Services provides short-term accommodation, meals, and local transportation services for First Nation clients travelling to Sioux Lookout for medical appointments.

The Jeremiah McKay Kabayshewakamik hostels provide the following services for clients and escorts: accommodations, local transportation, housekeeping, laundry, dietary, security, hostel support, and client advocacy.

The hostels are comprised of 56 Rooms at JMK 1, and 60 rooms at JMK 2. Coverage at the hostels will be expanded with the purchase of the new hostel at 2 Sturgeon River Rd with an additional 59 rooms.



Department statistics:

Accommodation services:

- JMK 1 30,259
- JMK 2 37,922
- Hotel 15,115

Dietary:

- JMK 1 61,278
- JMK 2 49,210 (includes hotel and camp offerings)

Highlights and Accomplishments

- JMK 1 was recognized by the Ontario Association of Architects and was selected as one of the nine ‘Queen’s Park Picks’.

Challenges

- Challenges faced this past year for Client Services were the dire need for additional accommodations. The hostels were in a constant state of overflow with clients often being transported to nearby communities for lodging.
- This was addressed with the recent acquisition of the former Sioux Inn & Suites.

Hostel Support

- The Hostel Support Workers at CSD are 100% client focused. Presently, there are six (6) full-time employees in the department.
- The Hostel Support Activity Coordinators hold daily activities at the hostel(s) or Onaman Ziibi Culture Camp. Activities offered are bingo, children’s activities, scavenger hunts, BBQ’s, beading nights, movie nights, game nights and many more. Suggestions of new activity options are encouraged by clients.

Highlights and Accomplishments

- Hostel Support staff ensure necessities are available for clients who arrive to Sioux Lookout.

- The team also assists with daily Wellness checks in the hostels to ensure the client and escorts are safe and comfortable. The team provides support regarding the hostel(s) process and or NIHB process. Assistance is available for long-term care clients staying at the hostels with their medication pick ups by our porter/transportation department, ensuring clients are receiving their meals if they cannot come out to the dining area and encouraging the clients to participate in the hostel activities.

Challenges

- Due to COVID-19, the Hostel Support Activity Coordinators were not able to host activities due to the restrictions placed with the province & SLFNHA protocols. Since restrictions have lifted, the Activity Coordinators are hosting daily activities to keep our clients occupied while accommodated at the hostels.
- Wellness/Room checks are completed daily to ensure safety of the clients at the hostels. These checks are completed twice per day (morning and evening). There have been challenges with clients becoming upset with wellness checks, but the team explains the purpose of completing checks twice daily is for their safety.

Moving Forward

- Hostel Support Activity team is looking forward to having a dedicated staging space at JMK2 for preparations, this space will provide storage as well as stations to be set up permanently for client activities.
- Hostel Support team to engage and promote Client Satisfaction surveys.



Hostel 1 located at 2 Meno Ya Win Way



Hostel 2 located at 3 Sturgeon River Road



Hostel 3 located at 2 Sturgeon River Road

CLIENT SERVICES

Discharge Travel Department

Discharge Program is an Indigenous Services Canada program within the SLFNHA Client Services Department. Hours of operation are Monday to Friday from 8 a.m. to 10 p.m. and weekends from 8 a.m. to 4 p.m., including statutory holidays.

Discharge Coordination and After-hours program provide services to all SLFNHA First Nation communities. Discharge consists of five (5) full-time employees, two (2) part-time and two (2) casuals. The Discharge Coordinators arrange return travel for medical clients and escorts from Sioux Lookout, Winnipeg, and Southern Ontario (Toronto and area). After-hour services are available for IRS clients and escorts (Indian Residential School Resolution program) for accommodations, meals, and Transportation.

Highlights and Accomplishments

- Hired two part-time employees to rotate evenings bi-weekly to ensure travel bookings are being met and completed as expected daily.
- Full-time staff rotate weekly to be on site at the JMK1 hostel to have the in-person interaction with our clients.
- Ensuring full coverage for the after-hours program, three staff on rotations weekly with IRS access.

Challenges

- Due to COVID-19 there was a lack of flight availability, primarily for the eastern communities in our service area. Clients and escorts would travel from Sioux Lookout to Thunder Bay and spend the night in Thunder Bay before flying back to their community. This is mostly for Eabametoong, Neskantaga and Webequie. Nibinamik is the only eastern community with a direct flight from Sioux Lookout with Wasaya. When asked if there were plans to provide direct flights from Sioux Lookout for the eastern communities, airlines (Wasaya and Northstar Air) have stated requests must come from the communities. Chartered flights have also had challenges due to pilot shortages and new regulations impacting flying hours for pilots. With community COVID-19 restrictions being lifted and additional flights to communities, it has improved the turn around time for client and escorts requiring to be away from their home and families.

- Discharge receives numerous phone calls for the Sioux Lookout area as community nursing stations, clients, and/or physician offices cannot reach Indigenous Services Canada during the week and weekends. Discharge assists and/or supports by sending an email informing the NIHB analyst that a client or nursing station is trying to reach them. Currently, Discharge does not have the authority to create a Travel Authorization.
- Discharge often receives phone calls from clients in Thunder Bay on medical waiting for their return travel and provides assistance as requested.

Moving Forward

- Pursuing processing return travel for all Thunder Bay Wequedong Discharges for the SLFNHA communities in Thunder Bay from their medical appointments to improve services and avoid delays in return travel.



Security

The Client Services Security team provides security and safety coverage 24 hours per day, 7 days a week, for all clients travelling from communities to attend scheduled medical appointments in Sioux Lookout.

The department is composed of one (1) Team leader and currently employs 22 security staff. This number is then broken down as fifteen (15) full-time and seven (7) casual employees who monitor both JMK 1 and JMK 2. We have since added a third hostel for which additional staffing will be our priority.

Hostel security currently monitors the two hostels which are comprised of 56 Rooms (94 beds) at JMK 1, and 60 rooms (120 beds) at JMK 2. Coverage at the hostels will be expanded with the purchase of the new hostel at 2 Sturgeon River Rd with an additional 59 rooms (88 beds).

Security provides support to clients needing to stay in local hotels by use of Hotel Support Workers. These individuals are responsible to provide direction, arrange transportation, assist with luggage, and ensure people get snacks and their meals when there is a shortage of rooms available at the hostels.

All Hostel Security staff continuously receive training on topics such as cultural awareness, First Nation mental health first aid, and nonviolent crisis intervention training.

While providing security, the department is also directly involved in the well being of visiting clients. They conduct wellness checks for clients (2 times daily), work with outside agencies such as the OPP and Tikinagan Family Services, as well as assist nurses who are visiting clients on location at the hostel.

Highlights and Accomplishments

Training:

- Basic Security Training
- Cultural Awareness Training
- First Nation Mental Health First Aid Training
- Applied Suicide Intervention Skills Training (A.S.I.S.T.)
- First Aid/CPR Training
- Compassion Fatigue Training

- Safe Needle Pick-up Training

Wellness Checks – Dedication to Client Safety and Wellbeing

The purpose of the wellness check is to ensure that the client is in stable healthy condition and is receiving the support they need while staying at the hostel. Twice per day, a member of the security team assists an accommodation staff member who will knock on the clients' door, ensure that they are doing well in their room and inquire about any services that the client may require. If the client mentions that they are not doing well, or are in medical distress, arrangements are immediately made to have them transported to the hospital and seen by a doctor.



Picture 1 – CSD Security assisting a nurse visit a client at Jeremiah McKay Kabayshewekamik 1.

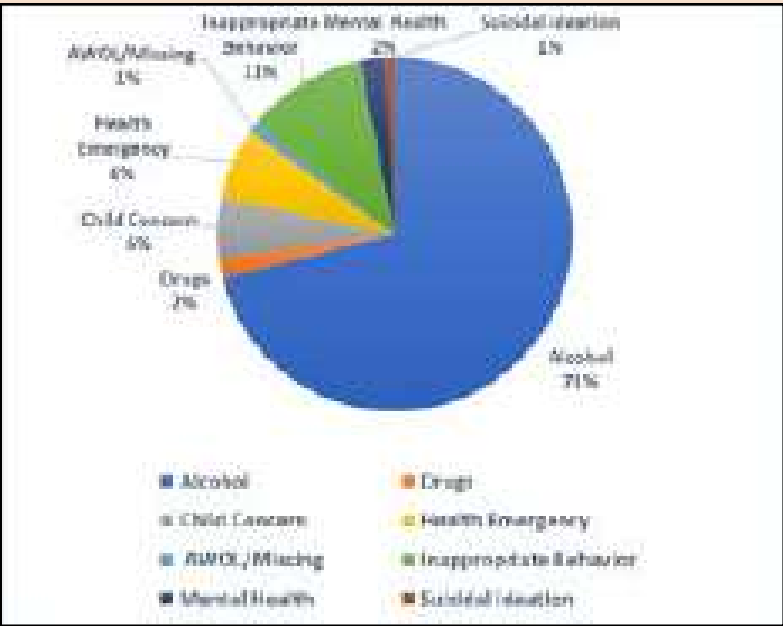
Picture 2 – CSD Security conducting wellness checks at Jeremiah McKay Kabayshewekamik 2.

CLIENT SERVICES

Moving Forward

- Increase First Nations representation in the department staff. Currently, there are nine (9) First Nation employees in the department with a goal reaching at least 75%. There are currently eight (8) full time and one (1) Casual making the current count at 41%. These numbers are the same as last year with a First Nation individual resigning and a First Nation applicant getting hired shortly after. To help this initiative during the hiring process, applicants with a First Nation background receive priority over other non-First Nation applicants. Training and licensing for the position is provided to the applicant after they get hired.
- Ongoing Cultural Awareness training for all security staff. SLFNHA provides this training in house by our Associate Director of People and Culture, Anna Marie Kakegamic.

2022-2023 CSD Hostel Incident Statistics



Meno Weecheeheeway Patient Navigator Program

Meno Weecheeheeway Patient Navigators provide guidance and support for the clients of SLFNHA who leave their homes to access health care outside of their communities. The Meno Weecheeheeway Navigators help the clients overcome the barriers that prevent them from getting the healthcare they need in their language of choice, while they are away from home.

Services
Liaison and advocacy for First Nation members requesting support on NIHB issues; between the health care team, patients, and families.
Provide translation between an Indigenous language: Cree, Ojibway, Oji-Cree, to English
Support clients in navigating the FNIHB-NIHB Medical Transportation, Vision, Dental, Pharmacy, Medical Supplies & Equipment, and Mental Health Counseling benefits.
Attend scheduled medical appointments, as needed, to ensure removal of the client's barriers to care by identifying critical resources for clients, helping them navigate through health care services and systems, and promoting client health.
Help patients communicate with their healthcare providers, in the First Language of the client, so they get the information they need to make decisions about their health care, may also help patients set up appointments for doctor visits and medical tests and get financial, legal, and social support.
Provides support before, during and after clinical appointments.
Provides information and education in a culturally sensitive manner
Provide assistance during discharge planning, medications, follow-up appointments, and return transportation.
Provides education and assistance to clients in the Birth and Indian Registration processes
Provide advocacy and support for clients and First Nation communities.
Acts as a Liaison between First Nation members and external providers

Highlights and Accomplishments

- The start of the Patient Navigator Program began in July 2022 with the hiring of the first Patient Navigator. In August, the Patient Navigator Manager was hired. By June 2023, there is a total of nine (9) Patient Navigators and one (1) manager. Three navigators are in Winnipeg, three navigators and the manager are in Thunder Bay, and three navigators are in Sioux Lookout
- The program has successfully assisted clients in multiple areas of need from liaison and advocacy, translation in the language of the client to ensure proper medical translation of procedures and medication, providing support in a culturally sensitive manner, researching supports to assist the client, and advocating on behalf of the client.
- A new name for the program was created: Meno Weecheeheeway Patient Navigator Program. Meno Weecheeheeway means “good helper” in Anishinabemowen. It describes the exact role of the Navigator which is to provide good help and support for the clients of SLFNHA.
- On call and shift work has started for the Meno Weecheeheeway Patient Navigators. This will provide more coverage and more available support for the clients. The Navigators will be providing coverage from 8 a.m. to 12 a.m. each weekday and the new on call number will be available during the weekends.

Challenges

- Creating Navigator positions in the three locations was challenging but it is very much needed by the clients. Each location has their own challenges, but we are finding ways to overcome them by doing research and finding resources within each location.

Moving Forward

- Moving forward, we will create more awareness of the program so we can assist the clients that need the support while they travel out of their communities for their medical appointments.



Top - Posters advertising the Meno Weecheeheeway Patient Navigator that are placed through Sioux Lookout and northern communities





SLFNHA services 33 communities, 28 of which are fly-in.

SLFNHA operates in Treaties 3, 5, and 9 - about the size of the state of California.

MESSAGE FROM CHIEF OPERATING OFFICER

JANET GORDON



The 2022-2023 year has been an opportunity for SLFNHA staff and the communities that we serve to reconnect and establish priorities moving forward. Although the COVID-19 pandemic certainly created delays in various planning processes, we are moving towards recovery, putting us on track to resume planning and pre-pandemic services. As travel restrictions lifted, we were able to resume in-community service with many of our teams while still utilizing virtual tools to connect. Health services have also been putting together a 10-year strategic plan to prepare for block funding. Through comprehensive health service planning, we hope to also support community planning.

SLFNHA's public health department, Approaches to Community Wellbeing (ACW), released two reports at the SLFNHA AGM in September. This included the Diabetes Report and the Childhood Vaccination Coverage Report, as well as community-specific reports in January. From these reports, we are working towards outreach to political and governmental partners as well as community planning. Along with the release of these reports, ACW also contracted a third party to produce a COVID-19 Regional Response Table (CRRT) evaluation report which stated that most communities were satisfied with SLFNHA's response efforts. Challenges highlighted in the report were remote communication and concerns around increasing mental health and addictions issues in communities. This is a priority area for us in the upcoming year.

SLFNHA has continued to work in partnership with Nishnawbe Aski Nation on Health Transformation. Our Health Transformation team has made progress on many key transformation activities such as dental services, nursing services, and client coordination. Dental renovations at Pelican Falls First Nations High School and Mishkeegogamang were completed in January of this year. Through the Jordan's Principle General Anesthetic Dental Initiative (GADI), dental surgeries are being done at the Sioux Lookout Meno Ya Win Health Centre. As of April 2023, 169 clients have been seen and discharged from the program. We are also working towards the construction of the SLFNHA dental clinic, for which a large portion of equipment has already been ordered. Regarding nursing planning, the nursing advisory group was established in 2022 and in March of this year, an in-person nursing planning session with the nursing advisory group was held in Thunder Bay, ON. Next steps include creating a universal pay scale and consistent policy and procedures.

Progress is also being made with the Digital Filing Cabinet. A part of the ongoing work with client coordination, the filing cabinet system will integrate client information from multiple databases, improving client care. The development phase has commenced and the project is expected to be completed by October. We were also able to hire on an ultrasonographer who will be joining the Health Transformation team.

It is with sadness that we accept the retirement notice of Dr. Terri Farrell so that she can be closer to family and enjoy her grandchildren. Terri has worked for our communities for 15 years and has been dedicated to the Health and Wellbeing of Kiiwetinoong. She has become an advocate for our area and a friend to many. We also thank her for staying on while we look for our new Medical Director in the next few months.

Community direction and engagement lays the foundation of any new program, services, or initiative. We continue to adapt and grow from the many lessons learned over the last year, listening to community wants and needs and integrating them into our planning for the upcoming year. The 2022-2023 fiscal year has demonstrated the strength, capacity, and commitment of SLFNHA and the communities as we move forward together.

HIGHLIGHTS FROM HEALTH SERVICES



Opening of the Keewaywin Health Hub



Highlighting National Nursing Week 2023



Increasing use of bilingual messaging is seen in this National Immunization Week Social Media Campaign

APPROACHES TO COMMUNITY WELLBEING

Message from departing Director of Approaches to Community Wellbeing, Emily Paterson

I want to thank the Chiefs and Health Directors for all their support for Approaches to Community Wellbeing and for me over the years. I started almost a decade ago on a short-term contract to engage your communities on what public health should look like for the region. Together we have developed and implemented ACW. While there is still lots of work left to do to ensure it is implemented as a system that is recognized and well-resourced at all levels, a foundation has been laid with a path forward. It is now time for me to relocate from Sioux Lookout for personal reasons. This was a very difficult decision for me, as I am committed to community wellbeing across Kiiwetinoong. I have been honoured to work with, and for, you and grateful for the opportunities to visit your First Nations to learn from you. I wish you the best as you continue to support the health and wellbeing of your community members.

Miigwetch! Baamaapii.

ACW is a First Nations-built and governed public health system that focuses on preventing illness and improving the health of First Nations people and their communities. ACW provides services in the broad categories of:

Preventing Infectious Diseases	Preventing Chronic Diseases	Harm Reduction	Safe Communities
Raising Our Children	Roots for Community Wellbeing	Community Wellbeing Nursing	

ACW continues to work on planning improved public health programming in alignment with the strategic plan's priorities of transformed health services and service experience. We do this work through engaging communities to address their needs and priorities, and through supporting training and capacity building of community staff, in alignment with the strategic plan's priority of community ownership. In the 2022-2023 fiscal year, COVID-19 hindered our ability to conduct engagement and public health planning initiatives as much as we had originally planned. However, in the last quarter we were able to host several in-person meetings, including relaunching our annual health directors meeting.

The number of staff has fluctuated over the year slightly, but as of the end of March 2023, the department had 77 staff. This includes a mix of full time, part time, and casual staff.

PREVENTING INFECTIOUS DISEASES (PID)

Preventing Infectious Diseases includes programming that aims to reduce the risk of spreading infections. This includes health promotion, infection prevention and control, and case contact management of tuberculosis and COVID-19.

Highlights and Achievements

Continued to support community and regional Tuberculosis (TB) Prevention and Care by:

- Supporting communities and nursing stations with contact tracing and case management.
- Hosting a community Tuberculosis clinic in collaboration with the community and the Regional Infectious Diseases Specialist.
- Mailing information on Tuberculosis and local issues to the community Health Directors and Nurses In Community to celebrate World TB Day virtually.
- Working with Indigenous Services Canada (ISC) Practice Consultant to provide Tuberculosis education for the Community Health Nurses for World TB Day.

Supported communities with COVID-19 case and contact management, including multiple community outbreaks:

Number of cases April 1, 2022 - March 31, 2023 10,495	Number of cases Cumulative Total 14,095
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- Supported communities with health education and health promotion strategies for the COVID-19 vaccine including radio shows, sharing resources, attending meetings, visiting community to attend clinics.
- Worked with others at the Approaches to Community Wellbeing to develop and deliver health promotion materials for COVID-19.
- Provided 24/7 COVID-19 hotline for reporting positive cases by Answering Service and fax.
- Continued to work with communities to support community pandemic teams for case management of COVID-19.
- Worked with ISC Communicable Diseases Program to provide community support and health promotion during syphilis outbreaks.
- Hosted events at the Jeremiah McKay Kabayshewekamik Hostels for World TB Day, World Hepatitis C Day, and Infection Prevention and Control Week.

Challenges

- As the COVID-19 pandemic entered its third year the number of cases and outbreaks plateaued and started to decrease. Community pandemic teams disbanded and were no longer able to support surveillance testing. The team encouraged the use of rapid antigen testing to decrease the burden on community staff to continue some surveillance.
- Staffing shortages at the nursing station and burn out amongst other community staff has affected the team's ability to coordinate the care of cases and contacts of tuberculosis. Strategies like modifying Directly Observed Treatment (DOT), arranging family support for DOT, and aligning COVID-19 testing with the provincial guideline helped to decrease the workload.
- A significant increase in the number of Tuberculosis cases over the past year, in four communities, required PID nurses to rapidly direct more attention to support Tuberculosis case and contact management. Luckily with the reduced COVID-19 cases, we were able to make this transition.
- Recruiting nurses to live and work in Sioux Lookout

continues to be challenging (nursing shortages across the region and the province). With permission, three full-time, term, remote COVID-19 nurses were recruited and hired in 2022.

- Office at the Sunset Suites flooded in May 2022 and staff moved to the first floor of the Centennial building. Open concept and lack of desks for fulltime staff made it challenging when dealing with an outbreak and multiple impromptu meetings/phone calls with partners. New office space has been secured and the team will be moving there in 2023.

Moving Forward

The team will review human resources requirements to support the current workload (Tuberculosis, COVID-19, and health promotion for infectious and vaccine preventable diseases) and future needs for the possible transition of diseases of public health significance from ISC to SLFNHA and an increase in requests for health promotion resources and community visits.

PREVENTING CHRONIC DISEASES (PCD)

The Preventing Chronic Diseases team supports communities with their approaches to preventing chronic diseases like diabetes and mental illness. We develop information materials, deliver presentations and training workshops, help with community funding proposals, and provide technical advice for community-based food sovereignty and food security projects. We are also exploring our role in advocacy to help reduce barriers to miñbiimadiziwin through changes to laws and policies that impact the cost of store-bought food and improve ease of harvesting foods from the land.

Highlights and Achievements

- Supported 11 communities with expanding their local food cooling and storage capacity by administering over \$167,000 from the Local Food Infrastructure Fund (Agriculture and Agri-food Canada) for fridges, freezers, and storage equipment.
- Assisted one community with coordinating the purchase and construction of season-extending greenhouses.
- Completed and published Shookaawaapinewini Maawantoonikewin (Diabetes Report) under Resolution #22-24 which also directed SLFNHA to advocate for resources and supports to address the high cost of healthy foods and ongoing inequities impacting Sioux Lookout area First

APPROACHES TO COMMUNITY WELLBEING

Nations.

- Piloted You're the Chef food cooking skills program with Pelican Falls First Nations High School and adapted a smaller food exploration program called Taste Adventure with colleagues in Treaty No. 3 Territory.
- Facilitated Mental Health First Aid First Nations training to over 45 SLFNHA staff and community members (with colleagues from Approaches to Community Wellbeing and Developmental Services).
- Developed 17 social media posts on diabetes and mental wellness, food sovereignty, Treaty Recognition Week, and colon cancer screening, on average reaching 1,255 Facebook users per post.

Challenges

- COVID-19 redeployment and travel limitations earlier in the year reduced the ability to provide support for preventing chronic diseases in communities. They also required PCD to adjust the scope of the Nutritious Food Basket survey and forthcoming food affordability report.
- Identified new challenges with implementing the You're the Chef program when human and other resources in schools are significantly constrained.

Moving Forward

We are looking forward to working more closely with, and celebrating the work of, the many programs and helpers currently preventing chronic diseases in their communities. PCD will work collaboratively with partners on strategies specific to diabetes and mental wellness to address those priorities more adequately. We will be more proactive in seeking invitations from communities for support and share information about chronic diseases like diabetes and to promote mental wellness. We plan to facilitate Mental Health First Aid First Nations training and offer life promotion/suicide prevention workshops in communities to provide more tools for community workers and families to recognize mental health challenges and offer support to those experiencing them. Additionally, the team will seek further funding to provide more support to community-level food sovereignty work.



HARM REDUCTION

Harm Reduction focuses on services and policies that increase knowledge, skills, resources, and supports to equip individuals who use substances, their families, and communities with the ability to make healthier and safer choices. The program provides safe substance use equipment to communities for distribution, naloxone training and supplies, support for community opioid substitution therapy programs (suboxone), Hepatitis C testing campaigns, and health promotion.

Shipped approximately 66,000 kits (660,000 needles) to 23 communities between April 2022-March 2023. Since 2017, the number of needles distributed as more than doubled.

Trained 222 people in Opioid Overdose Prevention, including community members, IFNA youth & staff, Tikinagan CFS employees, Seven Generations Educational Institute. Distributed a total of 441 naloxone kits and 227 Naloxone medication refills.

Highlights and Accomplishments

- Visited seven communities to provide training and to build capacity in front line workers involved in community-based harm reduction services and other health/social services. An Indigenous approach to health promotion was used by hosting a training day/sharing circle around harm reduction, the prevention of sexually transmitted and blood borne infections (STBBIs), and safer substance/equipment use. This sharing circle provided the opportunity for people with lived experience, community members, and community health workers to gather, and to share and receive knowledge around harm reduction best practices and Indigenous ways of knowing.
- Conducted training in two communities on the transportation of dangerous goods regulations on how to properly pack and dispose of used needles. This included training on kit packing, medical waste disposal, and naloxone.
- Supported two communities in their annual community clean up where safe needle pick up was also incorporated.
- Developed information booths and educational activities and materials to provide culturally safe and culturally responsive STBBI education and prevention. This also encompassed elements

of harm reduction, which included an introduction to harm reduction and needle distribution, naloxone, and harm reduction/safer substance use education with an emphasis on supporting members of the 2SLGBTQ+ community. Events were held at the Hostel and Pelican Falls First Nations High School.

- Began planning and connecting with external organizations and communities to reinstate Dried Blood Spot Testing (DBST) initiatives.
- Developed new sexual health resources that centered Indigenous knowledge, incorporated a public health lens, and utilized pop culture references. In return, there was a 62% increase in distribution of sexual health/snag bag resources.
- Initiated the creation of a children's book on safety around needles to support communities in educating children and youth on staying safe, what to do when they see a used needle, and the concept of community care.

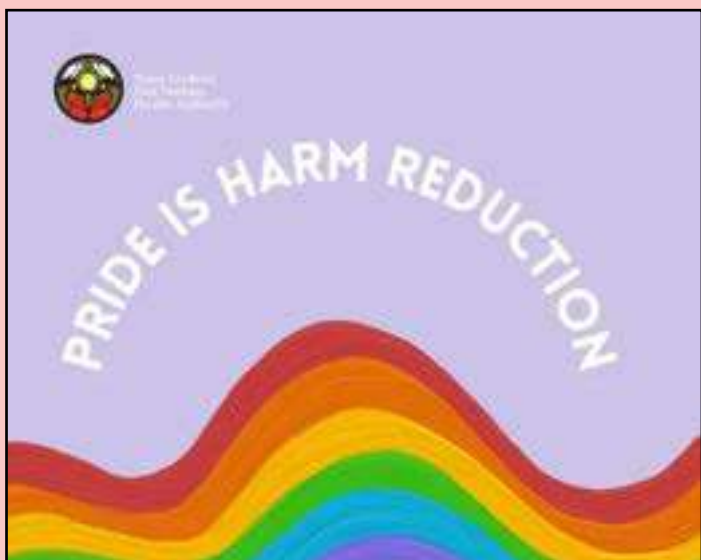
Challenges

- Staff redeployment to the COVID Regional Response Team. The CRRT was disbanded, and focus has shifted back towards harm reduction program development.
- Travel restrictions, infection outbreaks, community lockdowns, and lack of accommodations resulted in delays for providing in-person support and training to communities.
- Harm Reduction has been waiting for Community Readiness Assessment training from Communities Alliances and Networks (CAAN) to begin implementing DBST, as it ensures the participation of communities in creating and owning their own testing programs and helps to mitigate ethical concerns related to testing. Training has been tentatively scheduled for September.
- Turnover in the Harm Reduction Worker role resulted in a need for frequent hiring and onboarding processes. With the influx of service utilization for both naloxone & needle distribution, the program must strategize a longer-term plan, including hiring outside support, and more part-time and casual staff.

APPROACHES TO COMMUNITY WELLBEING

Moving Forward

Harm Reduction will travel into community for service delivery to ensure safer substance use supply chains are maintained. The team will provide support and mentorship to community-based harm reduction programs. The team also plans to pilot DBST initiatives in communities. Lastly, ongoing work includes creating training and engagement strategies to promote sexual health, Indigenous harm reduction practices, and safer substance use.



SAFE COMMUNITIES

Safe Communities focuses on the community as a whole and how the community can be made safer and more conducive to health. It includes three main program areas: Environmental Concerns, Preventing Injuries, and Emergency Preparedness. Environmental Concerns focuses on preventing and/or reducing environmental public health risks associated with exposure to hazards in natural or built environments. Injury prevention aims to reduce intentional and unintentional injuries. Emergency Preparedness focuses on ensuring communities can prevent and respond to several types of emergencies and other events.

Highlights and Accomplishments

Emergency Preparedness

- As part of work under the COVID Regional Response Team (CRRT),
 - Travelled to two communities to assist with COVID-19 outbreaks including setting up IMS structure and command post in one community and logistics support in one community.
 - Supported one community with their pandemic plan review, virtually and through two trips.
 - Coordinated multiple meetings to assist one community with building a vaccine hesitancy program including a Vaccine Hesitancy Worker (VHW) and Vaccine Hesitancy Working Group. This included travel by two staff to the community to meet with VHW to strategize, deliver and gain feedback on resources. Specific resources were developed to support VHW based on feedback. From June 2022 to December 2022 the community experienced an increase in COVID-19 vaccination coverage of approximately 20%.
- Delivered three Incident Management System (IMS) courses:
 - One IMS 100 course with 17 attendees in person and 23 virtual attendees.
 - One IMS 200 course with 15 attendees in person and 16 virtual attendees.
 - One IMS 300 course offered in Sioux Lookout to 12 participants from different communities and Tribal Councils.
- Developed "mini courses" of IMS100 and IMS200 for communities to gain familiarity and interest. After their

development, the province released new course materials, so they will need to be revised.

- Hosted two meetings with Tribal Council Executive Directors and Chief Executive Officers to outline a proposed process to develop a regional emergency preparedness and response system.
- Conducted six meetings with Tribal Council emergency management and social emergency staff for networking and programming alignment.
- Participated in the SLFNHA internal emergency response plan and business continuity plan steering committee and development.
- Hosted an Emergency Response Leadership Workshop with 13 virtual attendees from communities and Tribal Councils.

Environmental Health

- Assisted with a community blastomycosis outbreak response, including communications and advising the operations team.
- Developed social media and information sheets on environmental health topics including avian influenza, blastomycosis, heat safety, blue-green algae, eco-anxiety, bed bugs, cockroaches, etc.
- Conducted two community visits, in partnership with ISC and a Tribal Council, to provide health education around bed bugs and cockroaches and supported two others by providing health promotional materials.
- Drafted a report on the environmental scan and literature review on environmental public health programs and services.
- Conducted meetings with Health Canada to discuss funding options for an indoor air quality pilot project.
- Presented the findings of the environmental scan and literature review on environmental public health to Community Health Directors at their annual meeting.
- Hosted a booth at NAN Housing Summit.

Preventing Injuries

- Conducted nine trips to communities, in partnership with Developmental Services, to deliver fire safety programming to students. Programming included a science experiment presentation to demonstrate The Fire

Triad, Fire Alarm Sound Recognition Game, “See Smoke, Get Low” game, “Stop, Drop, and Roll” practice, and “Escape the House” game. Developed a Fire Prevention Lesson Plan based on activities delivered through Fire Safety community trips so that teachers and youth leaders could lead activities independently. Distributed and installed smoke alarms and fire extinguishers in 11 communities.

- Developed a social media and print campaign for National Fire Prevention Awareness Month, including Facebook posts, rack cards, infographics, comic sheets, and brochures.
- Developed print materials and conducted community visits on emergency preparedness, summer safety, and outdoor cooking safety.
- Met with representatives from Parachute and the Northwestern Health Unit to discuss the creation of an injury prevention strategy.

Challenges

- Recruitment was a significant challenge for the Environmental Health Assistants, in part due to the requirement to speak Ojibwe, Oji-Cree, or Cree. The job description was simplified to be easier to read and more appealing and recirculated to communities and regional contacts. Unfortunately, by the end of the fiscal year, we were still unsuccessful in recruiting these positions. We have also been unable to secure sustainable resources for our Safe Communities team and have had to remove these positions.
- Recruitment and retention were challenging for Emergency Preparedness Coordinators as those positions were in high demand during the pandemic. Securing housing for families presented challenges for our initial recruits and they were unable to come to the region, so we had to repeat our recruitment process. By the end of the fiscal year, one position was staffed, and the other position had a secured candidate to start early in April 2023.
- For the nine months of the fiscal year, COVID-19 pandemic activities took up most of the time of the Safe Communities team. In the last quarter of the year, more time was spent on additional Safe Communities priorities.

APPROACHES TO COMMUNITY WELLBEING

Moving Forward

Moving forward, Safe Communities will continue its focus on promotion and education on emergency preparedness, environmental health, and preventing injuries. Efforts will be dedicated to facilitating discussions to establish a process for a regional emergency preparedness and response system in line with Resolution 22-08 Process for the Development of a Regional Emergency Preparedness and Response System.



RAISING OUR CHILDREN

The Raising Our Children (ROC) team supports children and families in building strong connections to family, community, spirituality, land, culture, language, and each other. The program staff promote a supportive environment for children to grow and focus on healthy living and healthy relationships from a young age.

Highlights and Accomplishments

- Hosted seven Mental Health First Aid First Nations courses with a total of 90 participants from SLFNHA staff and four communities.
- Coordinated three Returning to Spirit events for 32 participants.
- Provided 3-Fires online training for community members on camp development for ACW staff and three community youth workers.
- Hosted a Dare to Lead workshop for 10 participants and an Ikwew Mashkowziwin (Women's Strength) Gathering for over 30 participants.
- Conducted three workshops, including "Healing Through the Arts", "Leadership Training", and "Motivational Mentorship", reaching more than 60 participants.
- Facilitated the delivery of over 6,000 books and literacy resources to children, youth, and young adults in communities, to Tribal Councils and community partners, and at regional school career fairs. Many of these books were written by Indigenous authors.
- Hosted a Facebook Live event to present information on the COVID-19 vaccine for the six-month to five-year age group with 20 attendees.
- Created content for Anishinabe Youth Network (AYN) on topics such as World Mental Health Day, Transgender Day of Remembrance, and flu season.
- Hosted quarterly Zoom events for 2SLGBTQ+ youth.
- Supported students in regional high schools with NAN student orientation event, mental health workshops, flu and respiratory illness presentations, Indigenous foods and medicines teachings, and traditional arts.
- Provided support to 2SLGBTQ+ youth groups at regional schools.

- Attended Lil' Bands Hockey Tournament and hosted a health scavenger hunt, button maker, and health promotion booth on healthy mind, body, spirit, and heart.
- Traveled to communities to attend school career fairs, host workshops for infant car seat safety, visit with Health Directors, and meet with community workers in Choose Life and maternal child health programs.
- Provided archery training and equipment to Pelican Falls First Nations High School staff.
- Provided archery equipment, lacrosse equipment, and an 18-foot teepee for Onaman Ziibi Culture Camp.

Challenges

- Staff turnover and vacancies impacted ability to provide services and programming. Efforts to improve staff retention include learning ways to work together in a good way with team building events like ribbon skirt/shirt making, traditional drum making, traditional food potlucks, weekly team meetings, and bi-weekly individual meetings with manager.
- Travel restrictions continued to impact the team's ability to meet with community members, including families and youth, though more travel was possible since December.
- Many student/youth needs were identified throughout the school year. ROC was able to begin weekly 2SLGBTQ+ support at Pelican Falls First Nations High School and Sioux North to address some of these needs and hosted other student learning opportunities to promote health and wellbeing.

Moving Forward

ROC is developing an adaptation of an Indigenous pregnancy passport, a Perinatal Mood and Anxiety Disorder workshop, and 5 webinars for community maternal child health workers and nurses. The team will continue to offer virtual and in-person healing and wellness opportunities and learning sessions for community members and workers, including Mental Health First Aid First Nations courses. Another focus for the year will be to develop curriculum for service providers, community workers, and 2SLGBTQ+ youth on the prevention, testing, care, and treatment of sexually transmitted and blood borne infections.

ROC also plans to host youth camps and continue to support the mental health and wellbeing of youth both at regional schools and in communities. Additional work will include health promotion events at the Hostels for expectant parents and families.

ROOTS FOR COMMUNITY WELLBEING

Roots for Community Wellbeing (Roots) provides foundational support to ACW and to the region, offering information and assistance to ensure that the department's programs and services are delivered in effective, sustainable, and culturally appropriate ways. This includes providing roles such as collecting and analyzing data, planning and evaluating health programs, and reviewing and analyzing policy. Through our work, our main goal is to ensure that communities and leadership have the necessary information and tools to make the best health decisions possible.

Highlights

- Continued to manage SLFNHA's immunization repository system on behalf the Sioux Lookout area First Nations, including data collection, data entry, and analysis.
- Developed, released and distributed the regional report, "Minikohk Kaachiitaa-ontwaa Awaahshishak Waaninaankaawi Tipenchikewinink: Childhood Vaccination Coverage in the Sioux Lookout Area First Nations" and 29 community-specific reports
- Produced weekly epidemiological reports measuring the impact of COVID-19 illness within communities, including immunization repository management, reporting for COVID-19 vaccination coverage rates, and reporting on illness levels across community and the region to guide community health responses.
- Oversaw the production and dissemination of COVID-19 health promotion materials and other health promotion materials. Drafted a communication strategy and policies and procedures (to be finalized in the new fiscal year) to guide ACW's health communication efforts.
- In partnership with the Preventing Chronic Diseases team developed, released, and supported the distribution of the regional "Shookaawaapinewini Maawantoonikewin (Diabetes Report)" and 24 community-specific reports.
- Completed an evaluation of the Community Wellbeing Facilitator (CWF) program, a program that provides financial

APPROACHES TO COMMUNITY WELLBEING

resources and support to hire health planning positions at the Tribal Council and community level.

- Hosted a three-day Health Directors meeting covering several topics including COVID-19 debrief, community health planning needs, data reports, and harm reduction services and approaches.
- Began the development of SLFNHA's Mental Wellness and Substance Use Report, including initiating requests for regional and community health data sources for analysis in the report and developing a Steering Committee for input and guidance.
- Launched a health planning process to support two communities to develop comprehensive community health plans in the new fiscal year.
- Initiated two data governance projects with an Indigenous Data Governance expert. One will support ACW in negotiating data sharing agreements in line with Resolution 15-25 Health Data Management. The other will support the whole organization to review and strengthen the organization's foundational data governance approaches, increase staff education in data governance practices, and increase knowledge in community-workers.

Challenges

- The Roots Manager role was vacant for several months with another team member filling in, which impacted workloads and continuity of activities.
- There were also ongoing challenges with recruitment when seeking several of the skilled, technical roles within the Roots team. Funding shortfalls for the new fiscal year have required that two unfilled roles within the Roots Team had to be cut.
- Short term funding for additional Data Clerks has also led to job insecurity as we have only received the additional funding in six month or one-year extensions.

Moving Forward

The team will take the results from the CWF program evaluation and plan collaboratively with partners to improve the program and strengthen community-based resources for health planning.

The team will continue to work closely with other ACW teams to strengthen capacity to deliver responsive public health services across the region. One of the ways we will do this will be through a launch of seasonal health promotion campaigns, within ACW's health communication strategy.

COMMUNITY WELLBEING NURSING

The Community Wellbeing Nursing (CWN) program includes mobile nurses, Community-Based Nurses, and clinical support nurses who are culturally trained and experienced in areas of nursing response. The nurses travel to communities to provide enhanced public health nursing support. They are committed to promoting safe and healthy work relationships with Chief and Council, community Health Directors, and community health staff. The program started with a COVID-19 focus and has begun to expand into other areas of public health nursing.

Highlights

- Responded to requests for CWN support in the following areas:
- COVID-19 immunization, swabbing, testing, contact case management, follow-up assessments, and health promotion,
- Influenza immunization and health promotion, and Cervical, colorectal, and breast cancer screening.
- Led the roll out of a summer vaccine campaign in partnership with ISC, Tribal Councils, and communities to provide COVID-19 immunizations to children and booster doses to individuals of all ages. Through the campaign 590 vaccines were delivered to First Nation community members in 19 different communities.
- Provided support to Preventing Infectious Disease (PID) team with immunization clinics, tuberculosis assessment, syphilis training, and contact case management.
- Designed several education checklists that are used to train and refresh nurses in the skills required to deliver nursing care services safely and competently within the guidelines of SLFNHA's medical directives.
- Launched a module series for Harm Reduction and Healthy

Sexuality training for front-line nurses and all SLFNHA staff in partnership with Saint Elizabeth Health Care.

- Shifted away from the previous focus on COVID-19 near the end of the year and visited schools in First Nations communities to build relationships with staff and students through “meet and greet” events and supported health promotion presentations conducted by Raising Our Children (ROC) program.

Challenges

- We were unable to meet our targeted days in community for our focused 10 communities. Some factors that proved challenging to meeting goals included fewer days of staffing availability; more time in community devoted to resolving data management challenges; increased need to reassign staff in response to emergency requests to respond to COVID outbreaks.
- Even if short staffed, significant progress was made in ensuring that first nation community members received COVID-19 and Influenza vaccines, contributing to the overall health and wellbeing of the Kiiwetinoong area.
- Funding was provided six months at a time, which made recruitment and retention challenging.

Moving Forward

Emphasizing wholistic approaches, cultural competency, and Indigenous Knowledge, the CWN team will focus on implementation of a comprehensive Well Child initiative. This framework will support increased routine immunizations. CWN will be encouraged to attend home visits, collaborate with community workers, Tribal Councils, and ISC for streamlined programming to support children and families. CWN will collaborate with other ACW programs and departments to deliver meaningful and responsive public health services, with additional focus on harm reduction, mental wellness, and diabetes prevention. The program will also work to enhance administrative processes and documentation to improve our ability to report on activities and days of service offered.



Approaches to Community Department participating in Pink Shirt Day to stand up to bullying and to remind everyone to practice kindness, empathy, and understanding.

COMMUNITY HEALTH WORKER DIABETES PROGRAM

In response to high rates of diabetes, the Community Health Worker (CHW) Diabetes Program strengthens diabetes care in the SLFNHA service area. The program was piloted in 2014 with four First Nation communities and has since expanded to 16 communities.

The program builds capacity in communities so CHWs play an active role in patient care. It empowers CHWs to support people living with diabetes to better manage their condition and prevent diabetes complications including hypertension, amputations, kidney failure, heart attacks and stroke.

The CHW Diabetes Program consists of three team members:

Program Coordinator	Community Engagement Lead	Program Assistant
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These team members work together to deliver diabetes management training and education for CHWs, support CHWs in planning and developing community events, and offer additional education and learning opportunities for community workers.

Highlights and Achievements

- Filled vacant positions of Community Engagement Lead and Program Assistant.
- Completed interviews with 28 community members in three communities, utilizing outcomes to inform care needs.
- Successful application to Canadian Institutes for Health Research for *Diabetes Prevention and Treatment in Indigenous Communities: Resilience and Wellness*. This is a five-year grant, beginning April 1, 2023.
- On-boarded two more communities to the program.



- Provided training for five CHWs in Sioux Lookout.
- The study *"Flash Glucose Monitoring for First Nations Living with Type 2 Diabetes on-reserve in Northwestern Ontario"* passed the Sioux Lookout Meno Ya Win's Research Ethics Board's review. Awaiting approval from University of Toronto's Ethics Board.
- Brought five CHWs to the Aboriginal Diabetes Conference in Penticton, B.C.
- Guest speaker presentation provided by lead Clinical & Research Advisor (U of T), Program Coordinator, and a CHW to over 300 attendees.
- Selected as keynote speaker for the Australian Conference, *First Nations Big 4: Cancer, Diabetes, Renal & Heart Chronic Diseases Integrated Care Conference*, held October 4-6, 2023 in Newcastle, Australia.

Challenges

- Many of the challenges faced during the first two quarters continued to be COVID-19 related, such as:
 - Many CHWs were pulled to community pandemic response team.
 - Training for new CHWs was limited due to COVID-19 related travel restrictions.
 - After years of pandemic response, many CHWs were feeling "burnout", leading to position turnover and/or temporary absences.
- The CHW Diabetes Program also experience several vacancies in key positions:
 - The Community Engagement Lead was vacant from

August 5, 2022 to October 17, 2022,

- The Program Assistant was vacant from August 5, 2022 to February 27, 2023.

Moving Forward

- On-board three more communities to the program and complete initial training sessions for the CHWs in each of these communities.
- Continue to strengthen collaboration efforts with the Primary Care Team to better include CHWs in the circle of care, ensuring strong continuity of care in Northwestern Ontario.
- Start the project *"Flash Glucose Monitoring for First Nations Living with Type 2 Diabetes on-reserve in Northwestern Ontario"* in September 2023
- Host first in-person Annual Forum since 2019 for all CHWs enrolled in the program. The forum will be held at Onaman Ziibi in August 2023.



Photos taken from the Northern Clinic photoshoot in 2023 as part of a larger stock photo project for SLFNHA.

MESSAGE FROM PUBLIC HEALTH PHYSICIAN

DR. LLOYD DOUGLAS



In the table, the COVID-19 statistics illustrate the influence of sufficient resources and support during the pandemic. Despite the high case counts, both the case fatality (number of deaths) and hospitalization remained relatively low. The evidence clearly demonstrates the critical role played by the provision of adequate resources and supports throughout the pandemic. When First Nations communities are provided with sufficient resources and support, it becomes possible to address health inequities effectively.

If we could learn just one thing from the pandemic, it should be this: it is time to shift our focus to addressing the health and community wellbeing inequities or the avoidable differences in health status between the Sioux Lookout area First Nations population and the non-First Nations population. These inequities were exposed and worsened during the pandemic and will continue to threaten the health and wellbeing of First Nations in the Sioux Lookout area after the pandemic.

The following synopsis from several SLFNHA health status reports highlights the inequities or gaps in health outcomes for the First Nations in the Sioux Lookout area.

- The 2018 'Our Children and Youth Health' report highlighted that infants, preschool children, school-aged children, and youth are hospitalized more often than Ontario children and youth. Between 2012 and 2016, hospital admissions among youth for mental health reasons increased by 191%. From 2007 to 2012, the rate of youth suicide in the Sioux Lookout area First Nations increased by 26%.
- The 2019 'Health Outcomes of Our People' report, for community members aged 20 and above, stated that emergency department visits and hospital admissions were 2.5 times the Ontario rate.
- The 2019 'Learning from Our Ancestors Mortality Analysis' report stated that 64% of all deaths among band members between 1992 - 2014 occurred before retirement age (65

As we emerge from COVID-19 being a public health emergency of international concern to an established and ongoing health issue, we express our gratitude to the Sioux Lookout area First Nations and the many partners, for the collaborative and coordinated actions that promoted resilience throughout the challenging years. With the provision of increased resources from provincial and federal partners, Sioux Lookout area First Nations communities, Tribal Councils and the SLFNHA were able to respond efficiently to the many challenges posed throughout the pandemic. We must also reflect on the devastating impact COVID-19 had on individuals, families, communities, the health care system, and partners from the public health sector. Our thoughts and prayers are with the families and communities that continue to face the impacts of COVID-19.

Summary of COVID-19 situation in Sioux Lookout area First Nations since the beginning of the pandemic up to June 30, 2023

Number of cases	Number of hospitalizations	Number of deaths	Number of vaccine doses administered	Infection rate per 100 people
14,095	65	13	43,577	61.7

Total Sioux Lookout Area First Nations Population (2021 IRS projected): 22,859

years old) compared to 22% for Ontario overall. In addition, 2.3 out of every 10 deaths in our communities could potentially have been avoided with effective and timely health care or public health intervention. The rate of death was 1.7 times higher than Ontario overall.

- Deaths related to diabetes was 4.2 times the rate for Ontario overall.
- Intentional and Unintentional injuries were 5.2 times the rate for Ontario overall.
- Deaths related to infections were 2.1 times the rate for Ontario overall.
- The 2022 'Diabetes Report' stated between 2017 and 2019, 13% to 14% of Sioux Lookout area First Nations community members lived with diabetes compared 9.7% for Ontario. Sioux Lookout area First Nations community members with diabetes experience higher rates of hospital visits, first time heart attacks, diabetic retinopathy, dialysis, foot and leg amputation than people with diabetes elsewhere in Ontario.
- The 2022 'Childhood Vaccination Coverage' report stated that the vaccine coverage rate within the communities SLFNHA serves are lower than the provincial averages and national goals.
- The 2023 'Mental Wellness and Substance Use' report states that the rates of unnatural death in some communities between 2011 to 2021 were 18 times more than Ontario average.

From our recent reports, it is evident that there are clear disparities in the health status of First Nations compared to non-First Nations. First Nations leaders and decision-makers in the federal, provincial, and municipal governments who set policies related to health inequities must commit to policy changes that promote health and community wellbeing equity.

I support that First Nations self-determination is the most important determinant of First Nation health and well-being that can rightly address these inequities. Recently, I had the honour of listening to a First Nations Elder who explained that honouring First Nations self-determination would look like First Nations having jurisdiction, wealth, capacity, and systems that result in good health by living healthy lifestyles rooted in First Nations

cultural knowledge. Addressing the First Nations' determinants of health, including the social determinants of health, will be fully realized when First Nations self-determination in health is legally recognized and supported by all governments. Without legal recognition of the ACW, the Sioux Lookout area First Nations governed public health system, cannot operate effectively within the provincial public health system. There is a need to develop an equitable public health system for SLFNHA member communities based on the recognized legal authority of First Nations. This must include equitable, sufficient, sustainable, and streamlined funding for public health programs and services. This will assist in increasing public health capacity at the community level.

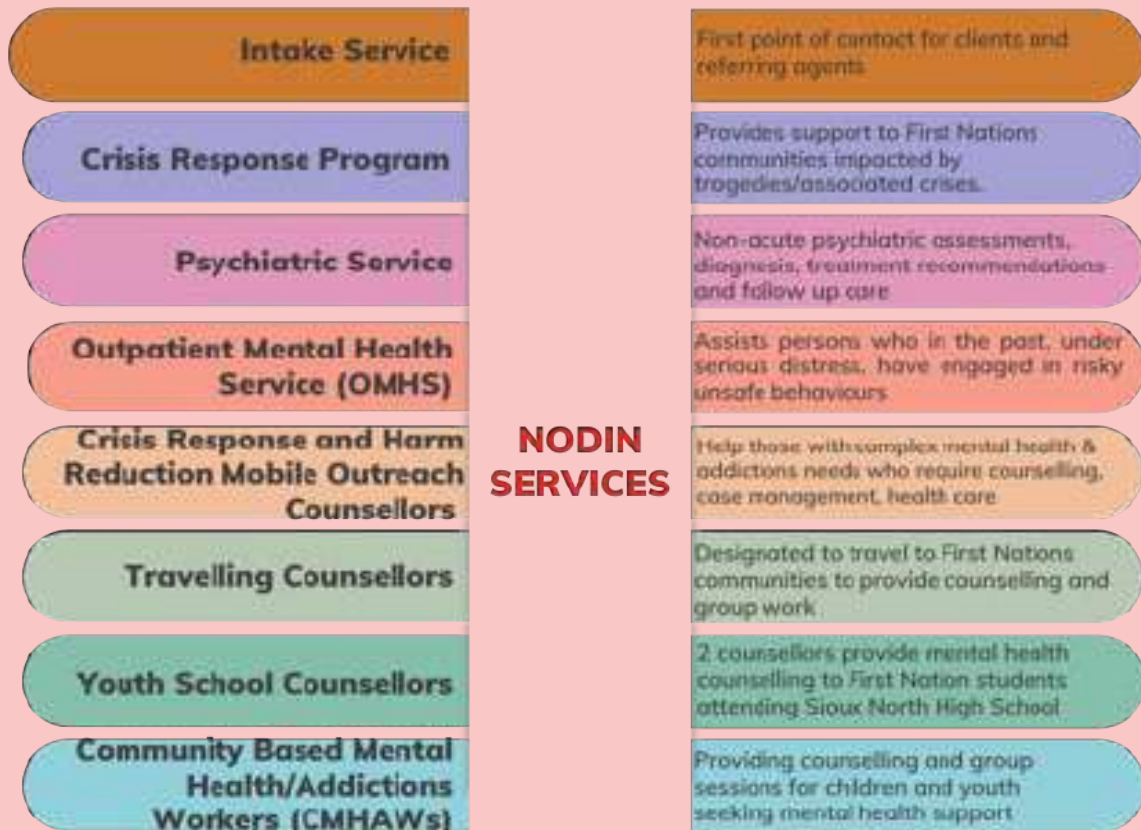
A crucial step in closing the gaps in health outcomes between First Nations and non-First Nations communities is honouring the call-to-actions on health outlined in the Truth and Reconciliation Commission Report. We must take action: actions that aim to make conditions favourable for health; actions that focus on reducing differences in current health status and ensuring equal opportunities and resources to enable all people in the Sioux Lookout area First Nations to achieve their fullest health potential; and actions that demand coordinated activities by all concerned including, governments, health and other social and economic sectors, non-governmental and voluntary organization, local authorities, industry, and the media.

As we rise from the ashes of the pandemic, I am encouraged by the strengths and resilience of the Sioux Lookout area First Nations. Together, we will continue to support the Anishinaabe people of this land on their journey to good health by living healthy lifestyles rooted in their cultural knowledge. Together, we will do so by developing integrated, sustainable, and community-owned approaches to community wellbeing; approaches rooted in the traditional teachings of the people. Together, we will promote healthy lifestyles, active leaders, and positive Anishinaabe people. Together, we will continue this journey. We will continue to walk together, learn together, and grow together.



NODIN MENTAL HEALTH SERVICES

Nodin Mental Health Services (MHS) is a mental health resource available to First Nations people of all ages from the 33 communities served by SLFNHA. Nodin MHS provides several services as outlined below:



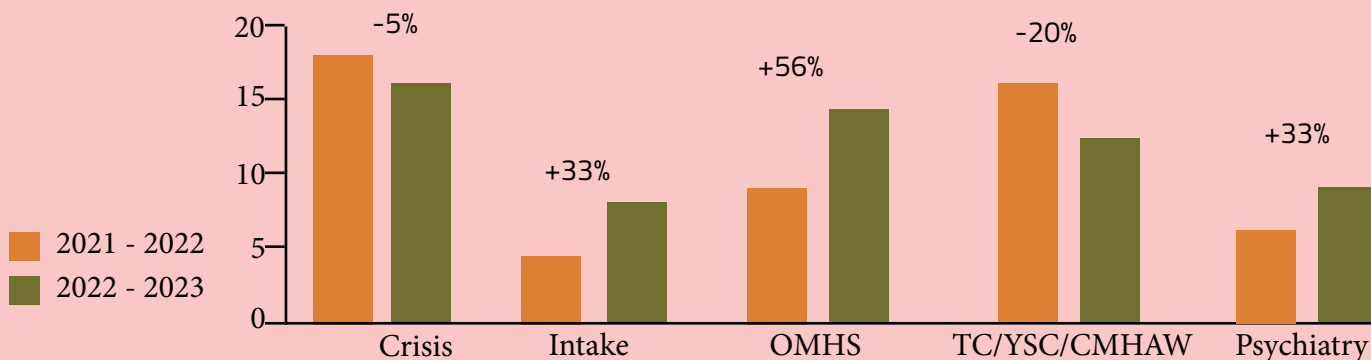
Highlights and Accomplishments

- Implementing Clinical Best Practice:** Created standardized expectations for clinical documentation, client software use, serious occurrence reporting, appointment standards, caseload management and privacy/information sharing. These standards put in place to allow Nodin MHS to consistently provide the highest quality care to clients.
- Client Outcome Survey:** Began using a client-centered assessment on how helpful counselling services are for the client. The survey is given to the client during their first and last counselling session to fill out and findings provide an opportunity for clinicians to reflect on what the client likes/dislikes about their counselling, and whether the counsellor's assessment of the client aligns with the client's self-assessment. The Client Outcome Survey gives the client a voice in their care plan and allows the client to give direct feedback on how effective their time was at Nodin MHS. It also allows for changes if care is not meeting expectations.
- Chart Auditing:** Nodin began performing thorough chart audits each month to ensure that all clinical documentation follows internal standards and data input requirements. Chart audits identify critical training points, preventative measures, and corrective actions for all charting staff. Audits are also being done to make sure quality care is being provided and to address any flags of concern.
- Shared Mental Health/Addictions Acute Emergency Department Response Plan:** SLFNHA and SLMHC collaboratively

Nodin Mental Health Service - By the Numbers:



Nodin MHS Staffing (Figure 1)



worked together to come up with a new way to triage all acute ER mental health patients. The goal was to ensure patients would receive excellent and timely care with the most appropriate mental health service. A Shared ER Response Plan began April 1, 2022, including a developed shared ER referral to allow for engaging both MHAP (Meno Ya Win Mental Health & Addictions Program) and Nodin. All ER mental health referrals are now sent to MHAP first. MHAP and Nodin then meet together to triage all acute ER mental health referrals to determine the most appropriate mental health follow up organization for emergent patients. This new process has helped eliminate the need for physicians and other acute service providers to try to figure out who to send referrals to. All acute care referrals (including evenings and weekends) are sent to MHAP for crisis intervention services to occur in

the ER setting, including suicide risk assessment and safety planning. Following initial intervention and stabilization, case conferences take place between MHAP and Nodin to transition patients to community follow up services as appropriate/if patient consents. Please note: the referral process for non-acute services did not change and requests for service from MHAP or Nodin continue to be sent to the most appropriate provider as per current procedure.

- **Recruitment Successes (Figure 1):** Nodin has seen many recruitment successes this year. We now have our Outpatient Mental Health Service almost fully staffed; the full complement will be 17. The Crisis Response Service hired a program assistant to redistribute the administrative responsibilities of the program, allowing

NODIN MENTAL HEALTH SERVICES

for coordinators to be able to better focus on coordinating crisis response. Nodin has filled both Clinical Intake Counsellor positions, whose primary responsibility is being the first clinical contact with the client to ensure the client is provided with the correct care based on their needs. The addition, an entry level position was created and attracting new graduates from mental health programs; the hope this will assist with filling travelling mental health counsellor positions which has been especially challenging.

New Client-Facing Spaces: Nodin has made improvements to our client-facing spaces, including the addition of two new clinical rooms. Recent renovations have added a family therapy room and a group therapy room, which now allows us to begin transitioning to a new Outpatient Mental Health programming model.

Filling a Vital Gap in Youth Support/Capacity Building: Community-Based Mental Health and Addiction Workers are employed to provide a narrow scope of direct client care for youth in their communities. Despite this, the CMHAWs work outside of their job scope to provide care and support to their community members. The CMHAWs provide resources, family support, and traditional teachings to the youth in their community. The CMHAWs are a vital role model and safe adult in the lives of the youth they support.

Client Centered Care: With the transition of psychiatry services to Nodin MHS in January 2022 from SLFNHA's Primary Care Team, now all the psychiatry referrals come through Nodin's intake department like the rest of the mental health referrals. This change has worked out well, less confusion for clients and partners. Also there has been an enhanced ability to put the client at the center of their care thanks to improvements in data sharing for mental health, and the hiring of nurses on the psychiatry team to provide case management services.

Additionally, Nodin has welcomed two Clinical Intake Counsellors to our team who at the point of referral work to build rapport with those referred, complete an assessment with those referred, and pass on information to the assigned service team. The Clinical Intake Counsellors help to streamline the intake process, matching clients with the correct services based on their needs. This results in quicker access to services and better outcomes for the well-being of our clients.

Serving Clients Where They're At: Travelling staff are returning to normal service after two years of service disruptions due to the COVID-19 pandemic. They have been able to resume regular travel into the communities they serve. Psychiatrists and nurse

case managers have also begun travelling to communities to provide psychiatric care.

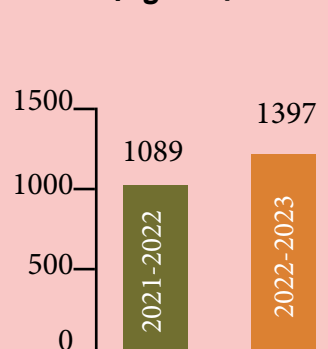
Connections and Collaboration: Nodin had the privilege of working closely with many service providers and First Nations' community contacts to provide/coordinate the care for vulnerable individuals (e.g. transient, homeless, mental health and addiction issues) who do not access services through traditional health care routes, for example they help those who do not go to the hospital on their own to ask for help for health issues or who will not walk into counselling services to get help. An example of a success is how Nodin's Mobile Outreach Counsellors have worked with the Sioux Lookout OPP to help divert clients who frequently interact with the legal system from police services, helping to reduce incidences of police intervention by instead providing counselling, and by doing morning check-ins with officers to see if there are individuals who would benefit from their services.

2022-2023 Service Highlights

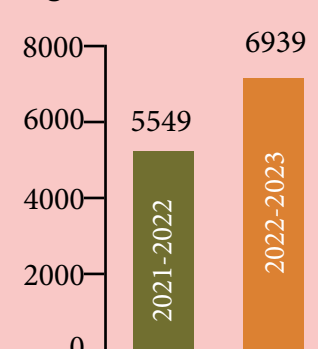
Nodin MHS saw a 22% increase in number of clients served (Figure 2) and a 20% increase in the number of sessions held (Figure 3) compared to the 2021-2022 fiscal year. This increase can be attributed to increased staffing levels in our outpatient and the adoption of the psychiatry service.

Nodin received 1557 referrals (Figure 4), a 66% increase from the 2021-2022 fiscal year. Most referrals were made by the Meno Ya Win Health Centre (39%) and the Northern Clinic (37%)

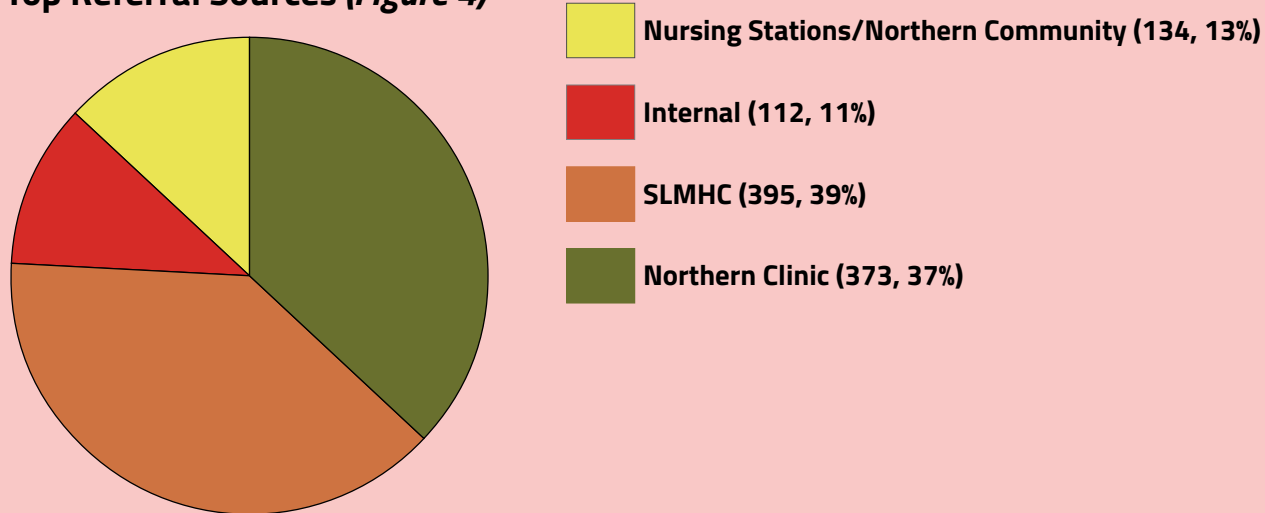
Number of Unique Clients (Figure 2)



Number of Sessions (Figure 3)

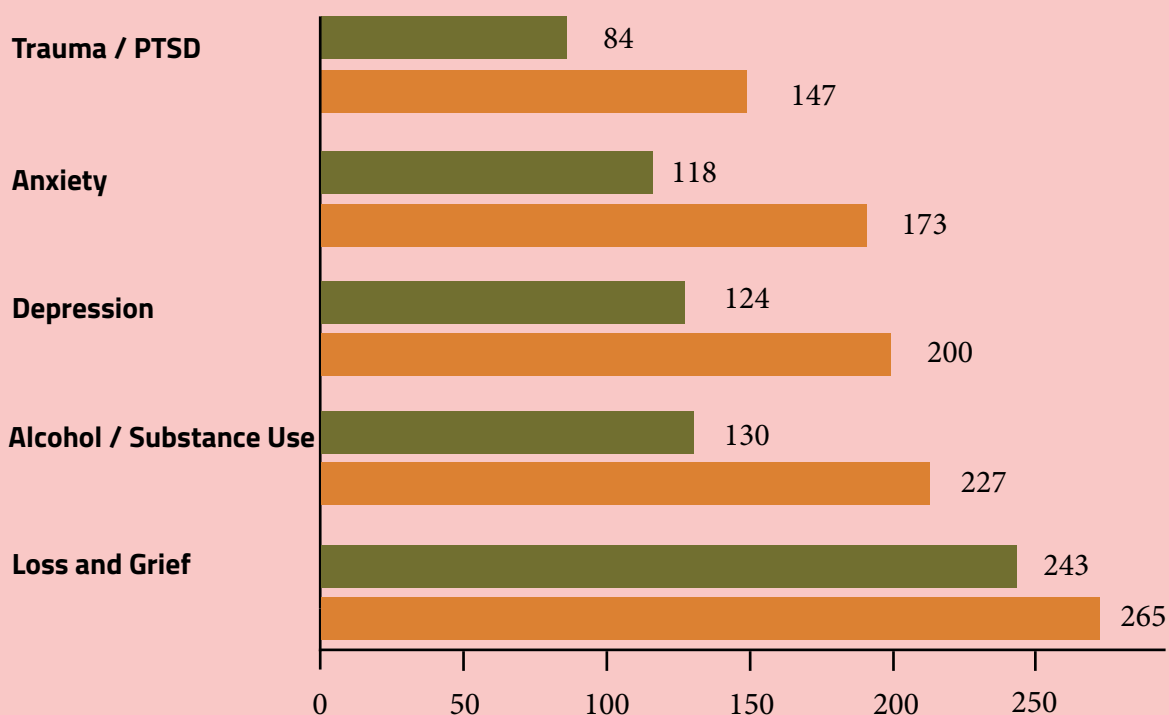


Top Referral Sources (Figure 4)



With the increase to overall number of referrals, Nodin MHS saw an increase in all top reasons for referral in 2022-2023 compared to 2021-2022. Loss and Grief related referrals remain the highest for our clients, with alcohol/substance use a close second.

Top Reasons for Referral to Nodin MHS (Figure 5)



NODIN MENTAL HEALTH SERVICES

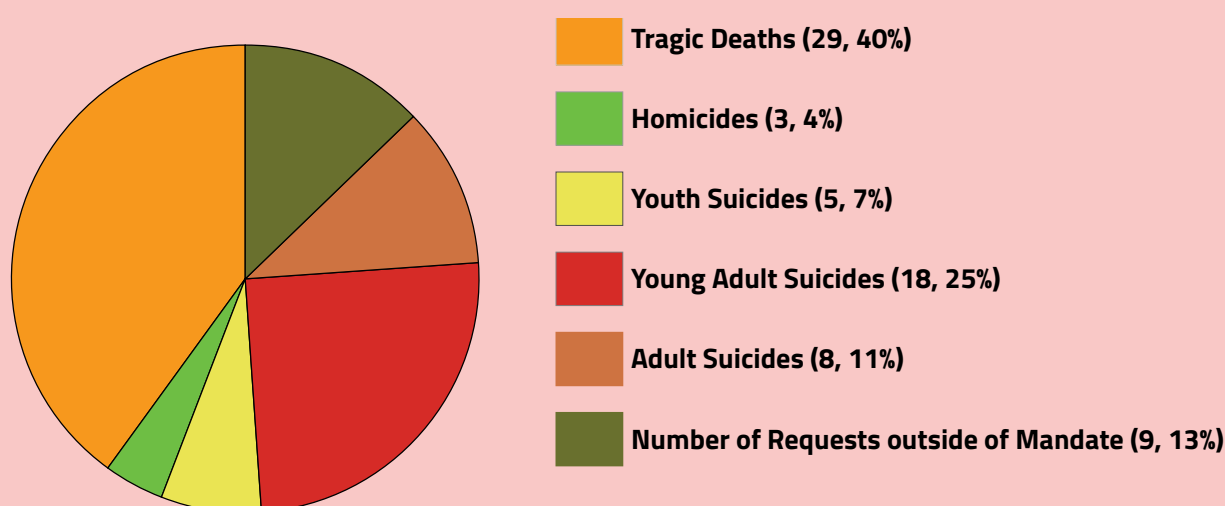
Challenges

- **What Does Nodin do?** With the sometimes temporary and multiple different mental health providers in the region, it can be confusing as to who provides what service. This includes confusion about what services are provided by Nodin MHS. At times Nodin is thought to provide services that Nodin does not have nor can provide due to funding agreements. In response to the increased requests and referrals for services that Nodin does not provide, a revised description of each service is in a draft form expected to be disseminated in the new fiscal year, along with updated referral forms. These changes will be reflected on the SLFNHA website to allow any service provider and client to access accurate and up-to-date service information about Nodin Mental Health Services.
- **Requests for Services Outside of our Mandate:** Although the Crisis Response Program historically has provided very defined crisis support (crisis workers and volunteer teams) with a very defined mandate as to types of tragic incidents and where we will support, the program saw so many requests for service that did not fall within the service mandate (Figure 6). Nodin still tried to fulfill all requests, seeing how very

important it was to make sure communities received support even if requests were outside of what we would normally do or regardless of the cost though putting us in a deficit and cost recovery was necessary. This year, 13% of the incidents the Crisis Response Service responded to were outside of their service mandate (Figure 6). To combat this, the Crisis Response Program will have to reeducate communities and stakeholders on what the service mandate is and will plan to advocate for funding that adequately and more reasonably covers what is required if we are to continue this program.

- **Recruitment Challenges:** Nodin MHS has faced longstanding recruitment challenges with our travelling and community-based positions. This year, Nodin introduced the Level 1 Travelling Mental Health Counsellor position, which is designed to recruit new graduates to begin their careers. Nodin has received increased interest in this position, we hope to see more new hires in the coming year.
- Other recruitment challenges are faced in the Crisis Response Service. Due to the deployed workers being contracted workers, there is a competitive nature to the compensation available from other similar regional services. Nodin expanded

Types of Incidents Responded to by Crisis Response Program 2022-2023 (Figure 6)



Crisis Response Program saw a 21% increase in the number of requests for crisis support by communities in 2022-2023 compared to 2021-2022. In response to these requests, Crisis Workers were deployed 156 times and provided 1215 days of in-community support (See Figure 6).

the compensation range to attract contract workers, which has shown to somewhat improve the availability of workers in the region. However rates offered by others can be higher.

- **Lost in Translation:** A longstanding issue faced by all government-funded healthcare agencies is the knowledge gap between the agency and the funder regarding understanding of the work. This is made more challenging when serving an Indigenous population, as the valuable services Nodin provides to our clients are not easily categorized by the funder. Our Community-Based Mental Health and Addiction Workers are a prime example of how the services provided by these staff are not captured by the data requirements from our funder. The funder requires reporting of the number of clients served by a worker, and while this is a data point collected by our CMHAWs it by no means encompasses all the other great work they do to support the youth of their communities. Nodin will be working with our funder to help them better understand our services in hopes for future funding agreements they might change from only asking for number of clients but asking for supporting data that represents all the other additional very important activities they do.

Moving Forward

- **The Best Care for Our Clients:** The Psychotherapy Act of 2017 regulates the practice of any therapeutic mental health care to make sure the people providing care are qualified to do so. This act was put in place to make sure all people accessing mental health therapy can do so in a safe and effective way. Nodin is now in compliance with the Psychotherapy Act, ensuring clinical staff are registered or getting registered which means our clients can be sure to access the highest quality of care from our counselling and therapeutic staff.
- **The Current State of Regional Mental Health and Addictions Care:** Nodin participated in a Mental Health and Addictions Review, along with many other community/regional partners, to obtain a full understanding of the current state of mental health and addictions services in the region. The results of the review will be used to inform regional planning, and to move towards a more comprehensive/coordinated mental health and addictions system to better meets the needs of First Nations communities/community members. The final report will also help Nodin to assess its services to make sure they are in line with the report or to make changes.

- **Better Data for Our Stakeholders:** With the introduction of Mustimuhw as our Electronic Medical Records (EMR) system, Nodin has been able to improve the quality of the data collected for our stakeholders. We have been able to build the EMR to suit the needs of each service area of our department, and have worked with the development team at Mustimuhw to onboard the Crisis Response Program to using Mustimuhw, which will improve the reporting capability of the program.
- **Reducing Duplication of Services:** Nodin's Psychiatric Team started a joint triage with SLFNHA's Developmental Services department on March 6, 2023. Joint triage helped to make sure that incoming referrals were being sent to the right service. The joint triage gave clients quicker access to the right services based on their needs and allowed each service to see more clients by reducing wait times.
- **Increasing Access to Mental Health and Addictions Treatment:** Have counsellors who have or are in the process of becoming GAIN certified. This certification will allow the counsellors to directly refer their clients to mental health and addictions treatment programs in the provincial care system. More certified staff will help to reduce the wait times to get the required assessment which is needed to get into treatment programs.
- **Flow Through Funding:** Nodin has realized that certain positions would be easier to fill and manage by First Nation communities rather than Nodin. Nodin will be working on (as appropriate and depending on the position), transferring recruitment, day-to-day management, clinical supervision, and financial management to community. Nodin would only flow a set amount of dollars and only require statistics to report back to funders.



DEVELOPMENTAL SERVICES

Our team grew. Our space grew. We hired our first SLFNHA staff who lives in community. We served more children, youth and families. We made significant progress on key deliverables.

We recognize that our staff is our biggest asset to realize our vision of providing holistic pediatric services. We continued to build internal capacity, focusing on staff retention and recruitment (especially in community staff) and professional development in 2022-2023.

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. Our mission is to support vibrant communities where children, youth, and young adults of all abilities are celebrated and empowered to use their strengths to lead rich and full lives.

Audiology	Autism Diagnostic Hub	Behavioural Therapy
Community and Clinic Coordination	Complex Care Navigation	Cultural Liaison Program
Developmental Pediatrician	Developmental Psychology	FASD Diagnostic Clinic
Occupational Therapy	Optometry	Physiotherapy
Speech Language Pathology		

Adult Developmental Services:

- Mashkikiwininiwag Mazinaatesijigan Wichiiwewin (MMW) Regional Clinical Access Coordinator
- Transitions Program



Service Delivery

- Group events:** 1537 attendees at 34 group events, over 440 total combined service delivery hours
- Service Applications (referrals):** 1714 children and youth (926 individual clients), 18 adults
- Caseloads:** 2047 active client service files representing 1294 individual clients
- Service Waitlists:** 1531 children and youth (1232 individual clients), and 39 adults awaiting services.
- Discharges:** 2977 completed client service delivered representing 792 individual clients.
- Total of children and youth completed assessment and given ASD Diagnosis:** 116
- Optometry services:** 473 children and 549 adult clients seen in community; eyeglasses provided to 304 children (Not included in the caseload numbers above).

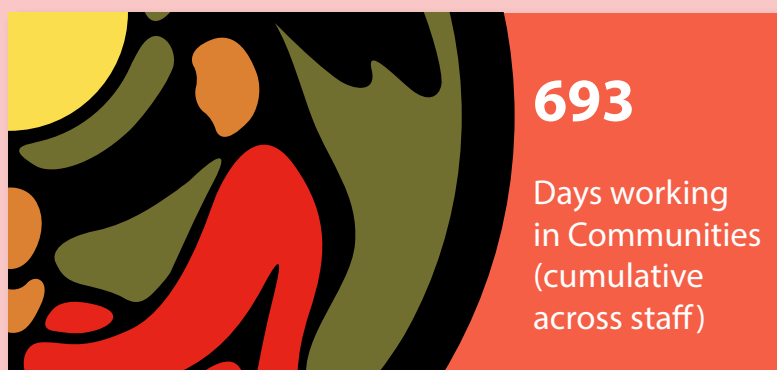
Jordan's Principle Funding Application Support	
Client Equipment & Therapy Supports requests processed	483
Client Travel & Accommodations for service requests processed	319
Total Jordan's Principle funding applications supported	802

Community Travel April 2022- March 2023

Community	Total Trips
Bearskin Lake	3
Kitchenuhmaykoosib Inninuwig (Big Trout Lake)	15
Cat Lake	4
Deer Lake	8
Eagle Lake	3
Eabametoong (Fort Hope)	1
Fort Severn	2
Kasabonika	12
Keejick Bay	1
Keewaywin	2
Kingfisher Lake	8
Lac Seul	2
Mishkeegogamang	9
Muskrat Dam	7
Neskantaga	5
Nibinamik	2
Pikangikum	34
Poplar Hill	8
Red Lake	1
Sachigo Lake	2
Sandy Lake	6
Wapekeka	4
Weagamow	11
Webequie	6
Wunnumin	14

Monthly Trips April 2022- March 2023

Month	Total Trips
April	7
May	11
June	13
July	9
August	14
September	11
October	14
November	21
December	7
January	20
February	19
March	24
Total Trips to Communities:	170



DEVELOPMENTAL SERVICES

Highlights and Accomplishments

- Our Cultural Liaisons provide weekly Cultural Teachings (attended by 50-60 staff). This provides staff with valuable insights into our region's culture and values, helps the staff develop more culturally appropriate approaches to providing services to our clients and allows staff to gain knowledge of the history and viewpoints of the population we serve.
- Increasing service delivery in our communities through regular trips for services teams to see clients for assessments and rehabilitation services in their home communities. As COVID-19 restrictions lifted, the number of in community days doubled.
- The team receives positive family feedback on the services provided.
- Hired local staff to live and work in communities – Muskrat Dam (2), Weagamow (1).
- Supported fire safety education in seven (7) communities and the delivery of fire extinguishers and smoke alarms in 11 communities.

New Services

- Supporting Optometry services in First Nations communities, including contracting five (5) additional Optometrists to provide in-community services.
- Assisted in opening Health Hub in Muskrat Dam, increasing local access to services & programming.
- Increasing access to child & adolescent psychiatry through a partnership with NODIN.

Challenges

- COVID-19 continued to create issues for community access throughout most of the year due to the slow lifting of restrictions.
- Adequate safe space for staff and clients in Sioux Lookout – opening of new 40 King Street office and creation of six clinical rooms in 42 King Street.

- Adequate safe space for staff and clients in community – opening of the Muskrat Dam Health Hub and work with communities on Jordan's Principle (CHRTC) building applications.
- Many children do not have OHIP and Band numbers, restricting their access to NIHB services. Assisted with ID clinics in a few communities but this continues to be a huge problem. Working collaboratively with NAN to address this.

Moving Forward

- Continued collaboration with tribal councils, Health Authorities, and communities as they start to bring on services themselves so that we can jointly address the long waitlists for services.
- Building on the success of the Muskrat Dam Health Hub by opening and staffing the 3 other Health Hubs (Cat Lake, Webequie, Keewaywin) to try to take non-urgent care away from the high demands of the nursing station staff and facilities.
- Implementation of an early years screening program with those communities who are requesting this service.



DS Employee in Community enjoying the dogs



Social Media Campaign for Bear Witness Day



Child Development Educators in Community



Child Development Educators in Community



Demonstrating audiology's services outside 42 King Street

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 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. (see Figure 2)

The department is near completion of its staffing complement this fiscal year. Of the 48.5 positions there are 4 vacancies that need to be filled which we will continue to use our Retention/Recruitments efforts to fill. Staff have been divided into four teams (pods), who are now focused on specific communities, for the provision of clinical care. With the lifting of COVID-19 Pandemic travel restrictions, the team has been able to resume travel to the communities to provide SLAPCT's services during the financial year. Virtual methods continued throughout the fiscal year to continue to see clients when we were unable to travel into communities due to travel restrictions, or infrastructure limitations.

Highlights and Achievements

Clinical Services:

- SLAPCT clinical services that were "put on hold" due to the COVID-19 Pandemic resumed during the 2022/23 fiscal year. There was a total of 9,873 (8,918 Adults and 955 Pediatrics) client visits for allied health services provided by the SLAPCT. (see Figures 2 & 3)
- The SLAPCT made 218 trips to northern communities, with a total of 263 days of allied health services being provided. Clients can be seen for assessment and treatment within the Primary Care Team building at 55 Queen Street while they are visiting for other appointments. It is important to note, that when SLAPCT travels into community, they bring multiple clinicians in a "Pod" setting to provide a more holistic approach. (see Figure 5)
- We presently have a full-time Telemedicine Coordinator and a full-time Telemedicine Clerk working within the Primary Care Team. The following telehealth appointments were booked

for SLFNHA during the 2022/2023 fiscal year. (see Figure 1)

- In 2022/23 SLAPCT organized two on-site COVID-19 Vaccination Clinics for SLFNHA Staff and priority clients. A total of 31 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. During 2022/23 SLAPCT conducted 2,775 COVID-19 screening tests.
- Implementation of a new smoking cessation program from SLAPCT clients to enhance clinical services began July 2022.

Centralized Administrative Intake/Referral System:

During the 2022/23 Fiscal Year, the "Centralized Administrative Intake/Referral System" received a total of 4,414 referral requests for clinical services. (see Figure 4)

Capital Project - Primary Care Facility:

SLFNHA has continued work on the multi-year Capital project, with various partners, including the lead partner, the Ministry of Health and Long-Term Care (MOHLTC). To date, Business Cases #1 through #8 have been submitted for review. SLFNHA has identified the old Zone Hospital site in Sioux Lookout, as the preferred land site for the building of the new Primary Care Building. Following review of Business Case #8 by the MOHLT, we will begin working on Business Case #9:

- The furnishing and equipment.
- The development of tender packages according to the approved plans within the funding allocation.

In early 2022, SLFNHA was approached by Lac Seul First Nation to partner on the Bikiiwewinig Nindawaashishiiiminaanak initiative (Bring Our Children Home). One of the sites that the group identified as an area for archeological exploration was the old Zone Hospital site, which was also identified as the preferred site for the Primary Care Facility. Knowing this, SLFNHA approached Canada Indigenous Services Canada (ISC) to explore options to begin the building phase of the new Primary Care Facility, where Lac Seul First Nation was required to enter into a Land Use Agreement with ISC. This process will permit Lac Seul First Nation in collaboration with SLFNHA and partners, to

utilize the vacant land to construct the Primary Care Facility. Plans going forward for fiscal year 2023/24, include meeting with all partners, including funders, to review the overall costs and associated funding requirements.

Pharmacy Project:

The proposed SLFNHA not-for-profit First Nations pharmacy will aim to resolve gaps in pharmaceutical care that currently exist for individuals living in the remote and isolated communities that we serve. The pharmacy’s key business strategy is to develop a reliable, culturally appropriate and coordinated pharmaceutical service, dedicated to better health in the region in a fiscally and socially responsible manner.

Challenges

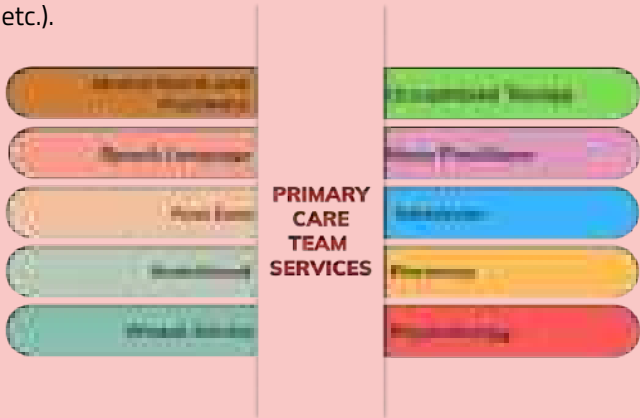
- During the first quarter of the fiscal year due to the COVID-19 Pandemic, our team was not able to travel into communities as often. During this time, we ramped up Telemedicine appointments as well as helped with direct services regarding COVID-19 to support communities.
- Over the fiscal year, SLAPCT was challenged with providing increased face-to-face services. Due to lack of accommodation availability in communities. SLAPCT has been reaching out to each community to see if there are alternative spaces available. If no space available, SLAPCT continues to support via day trips into communities and by seeing clients virtually.
- Due to the COVID-19 Pandemic and the multiple Work from Home and Stay at Home Orders, SLAPCT commenced a rotating schedule and supported staff to work from home. Due to space limitation, this rotating schedule continued through 2022-2023.

Moving Forward

- Increasing face to face services for wound care as new clinicians are trained.
- Accommodation options/alternatives available in communities will be explored to enable the Allied Health Professionals to spend more time in communities.
- Continued recruitment and retention efforts will result in

enhancement of program/services. Will have both frontline staff and management attend career fairs for some of our hard to fill positions.

- Ongoing advocating for use of Telehealth to ensure continuum of care for clients in between clinician visits to communities.
- Continue to capacity build with the Community Health Worker Diabetes Program as well as with other community workers and programs.
- During the COVID-19 Pandemic, a lot of SLAPCT clinical services were “put on hold”, so we will be looking at resuming Group Education Sessions with clients in communities.
- Providing more of a presence in communities while the pods travel (i.e., attending and helping with community events, holding education sessions and classes, attending job fairs, etc.).



Types of Telehealth (Figure 1)

Psychiatry	474
Psychiatry (Sick Kids)	16
Speechworks	47
Psychology	58
Mental Health Counseling	56
SLAPCT	1237
Regional Wound	26
DS Pediatrician	16
DS Audiology	3
Other	2
Total Clients Seen via Telehealth	1935
Total Clients Seen via Zoom	132

PRIMARY CARE TEAM

Client Visit - Statistics April 22 - March 2023 (Figure 2)

Client Demographics	Total # of Client Interactions	9873
	Male	4165
	Female	5659
	Other	49
	Adult	8918
	Child	955
Northern Community	Total Clients Seen	3433 (35%)
Sioux Lookout	Total Clients Seen	6440 (65%)

**Centralized Intake/Referrals for
SLAPCT (Figure 4)**

Smoking Cessation	11
Speech Language	106
Dietary	392
Kinesiology/Rehab Assistant	256
Physiotherapy	319
Pharmacy	10
Case Manager	15
Occupational Therapist	131
Fibroscan	2
RN	13
RPN	320
NP	441
Traditional Healer	15
Hep C	123
Wound Care	57
Total Number of Referrals	2211

Breakdown by AHP type visit (Figure 3)

Kinesiology	339
Physiotherapy	854
Nutritional	902
Pharmacist	59
Occupational Therapy	435
Speech Language Pathology	470
Wound Care	221
Reg Practical Nurse (Foot Care/Edu/Training/Other)	712
Nurse Practitioner	3106
COVID-19 Screening	2775
Total	9873

Community Travel April 2022- March 2023 (Figure 5)

	Total Trips	Total Days in Community
Bearskin Lake	9	12
Cat Lake	12	12
Deer Lake	4	4
Eabametoong (Fort Hope)	6	6
Eagle Lake	0	0
Frenchman's Head	0	0
Fort Severn	5	5
Kasabonika Lake	6	7
Keewaywin	15	18
Kejick Bay	0	0
Kingfisher Lake	8	8
Kitchenuhmaykoosib Inninuwig (Big Trout Lake)	22	30
Mishkeegogamang (Osnaburgh)	11	16
Muskrat Dam	7	7
Neskantaga (Landsdowne House)	8	8
Nibinamik (Summer Beaver)	8	8
North Spirit Lake	8	8
Pikangikum	9	9
Poplar Hill	5	5
Sachigo Lake	8	12
Saugeen	0	0
Sandy Lake	9	22
Slate Falls	9	10
Wapekeka (Angling Lake)	6	6
Wawakapewin (Long Dog)	0	0
Waubaskang	5	5
Weagamow (Round Lake or North Caribou Lake)	24	28
Webequie	9	12
Whitefish Bay	0	0
Wunnumin Lake	5	5
Total Trips:	218	263

ANISHININIW NANANDOWI'KIKENDAMOWIN

Anishininiw Nanandowi'kikendamowin is SLFNHA's Research Program and is staffed by one manager and one research assistant who work in collaboration with external partners:

Carleton University	University of Toronto	Sunnybrook Research Institute	Ontario Health
Sioux Lookout Local Education Group	Lakehead University	Tribal Councils	Nishnawbe Aski Nation
Other SLFNHA departments			

This program helps ensure that research is community-led, reflects traditional values and ways of knowing, and supports research priorities of the communities. In addition to establishing guiding documentation and protocols for this program, Anishininiw Nanandowi'kikendamowin is currently supporting eight (8) ongoing projects and five (5) developing projects.

Highlights and Accomplishments

Program Development:

- Ongoing meetings with Research Advisory Committee (12 members) to discuss proposed projects, challenges in ongoing projects, or seek advice in project design.
- Established research priority areas to guide and prioritize future work: Nutrition & Food; Water Quality; Traditional Practices; Mental Health; Substance Use & Addictions; Maternal Health & Infant Health
- Developed research process for projects in partnership with SLFNHA.

Projects:

- Ongoing projects related to: Suboxone, Diabetes, Cancer Screening, Anemia, Virtual Care.
- Developing projects related to: Long COVID & Chronic Conditions, Youth Engagement, Oral Health.

Completed Reports & Publications:

- "The Healing Journey: A qualitative study on recovery from opioid use by First Nations people" submitted to Canadian Medical Association Journal for publication.
- "Recognizing First Nations jurisdiction and authority over public health for the Sioux Lookout First Nations Health Authority", published in Health Reform Observer.

Challenges

We continue to receive many requests from external organizations to partner on research projects that may be of interest or relevant to the region. With minimal staff and resources, we prioritize these requests based on alignment with community research priority areas, resolutions, or based on advice provided from leadership or the Research Advisory Committee

Moving Forward

The Anishininiw Nanandowi'kikendamowin program currently relies on piecemeal funding to sustain staff and project work. A major goal for this upcoming year is to identify a more sustainable funding model to retain staff and support the program.



All published reports are available to read and download at the SLFNHA website. Scan with your phone camera to access the website

HEALTH TRANSFORMATION

The team will focus on developing and enhancing services guided by Indigenous culture, teachings and values and obtain the needed authority to deliver culturally appropriate and community-based health care services. Planning and development have continued for the current operational priorities that include oral health, nursing, and comprehensive client services.

Highlights and Accomplishments

Oral Health

- Dental clinic renovations completed for Mishkeegogamang Ojibway Nation and Pelican Falls First Nations High School. The clinics are compliant with infection control and COVID-19 requirements.
- Established the Oral Health Advisory Group (OHAG). The OHAG will provide direction on the development of the oral health program, clinic, and services.
- SLFNHA received funding for the General Anesthesia Dental Initiative (GADI), which has a target goal of treating children for dental surgical treatment in Sioux Lookout. GADI is a partnership between Sioux Lookout Meno Ya Win Centre (SLMHC), the Sioux Lookout Anesthesia Program, Jordan's Principle and ISC Sioux Lookout Dental Program (SLDP).
- On-going advocacy for the resumption of dental services in the region. Currently, dental services are being coordinated and offered by ISC Sioux Lookout Dental Program.

Health Services Client Coordination

- A SLFNHA Community Directory and Travel Hub page has been developed.
- Wellsky Travel Calendar - To address immediate travel coordination needs of SLFNHA Teams
 - Fosters cost-sharing of charters.
 - Promote departmental collaboration due to limited community clinical space.
 - Reduces the coordination strain on communities.
 - Significantly reduces phone calls, email, and communicate with communities.
- SLFNHA Navigator and Coordinator Meet and Greet:
 - Facilitated rollout of Interim Wellsky Travel Calendar using existing Clinical Scheduler.

- Directly supported and participated in the design and development of the Digital Filing Cabinet as it will be the foundation for building a Comprehensive Client Coordination System (CCCS) model.

Nursing

- Establishment of an internal and regional Nursing Advisory Team with the purpose to review the regional Nursing Strategy
- A Nursing Planning Session was held March 2023 with regional First Nation partners
- Internal development of draft service delivery policies within Health Services departments.
- Provide input on physical layout of the Community Health Hubs and the equipment required that would allow for a different approach to health service delivery at a community level.

Challenges

- Securing dedicated funding sources for staff, infrastructure, a dedicated health information system, access to information, and coordination of services have continued to pose a challenge to realizing the critical elements that need to be included in a regional health system.
- Operational planning and development have continued despite the on-going challenges. Internal redeployment of staff was undertaken to support broader activities and goals.

Moving Forward

- The Oral Health team will continue to plan for program and clinic services, managed and operated by SLFNHA.
- The Nursing Transition team will continue to facilitate the development of a plan for regional nursing services and support.
- The Health Services Coordination team will continue to collaborate internally and externally with health service delivery departments to streamline and coordinate services in the region. This will include planning for centralization of referral and intake workflows.
 - Ultrasonography and Optometry services will be included in the coordination efforts.

MESSAGE FROM MEDICAL DIRECTOR



DR. TERRI FARRELL WITH PHYSICIAN SERVICES

From a SLFNHA and Physician Services perspective, 2022-2023 has been a year of focus on COVID-19 recovery by supporting new and ongoing SLFNHA and SLRPSI programs, policies and direction as well as facing new challenges.

I am very grateful to my Senior Executive and Management colleagues as well as the Physician Services administration team for their dedication, commitment, and their capacity for always going above and beyond to ensure the best possible services to the patients of the Sioux Lookout region.

I am responsible to provide medical oversight and input to all SLFNHA programs and to support SLRPSI and Physician Services in the recruitment and retention of physicians, to ensure quality assurance for medical services, to readily respond to urgent medical concerns, and to collaborate with nursing and other medical services in communities, Sioux Lookout Meno Ya Win Health Centre, and the Northern Clinic.

Highlights

- Moving forward with COVID-19 recovery with plans to renew Primary Care at the community level including cancer screening, (stool tests, mammograms, PAP tests, colonoscopy etc.), vaccinations, chronic disease management (diabetes, heart disease, hypertension etc.), as well as enhanced preventative care and improved patient education.
- Successful business plan application to the Ministry of Health (MOH) with a funding agreement for 8 Regional Specialists (3 Pediatrics, 3 Internal Medicine, 3 Psychiatrists, 1 OB/GYN, 1 Radiologist) and an anticipated increase to 13 Specialists for 2023-2024.
- Recruitment and program development is ongoing in collaboration with the SLRPSI Board.
- Effective FIT Testing Program (test for blood in stools as an indicator of possible bowel cancer). Collaborated for 18 months with Cancer Care Ontario, MOH, and Indigenous Services Canada (ISC) to develop a program that meets the needs of remote communities. Commenced late March and data to date indicates very successful outcomes. Well received by patients and health care providers.
- Successful recruitment of 29 new locums to our region with 4 new physicians signing part-time contracts.
- Recruited 4 new Addiction Specialists to the region as well as reintroducing previous providers to communities following COVID-19 travel restrictions. Efforts to recruit more Addiction Specialists is ongoing.
- Responded to requests from leaders and patients to initiate Sublocade (long-acting form of Suboxone) where appropriate and to develop strategies to taper and discontinue Opioid Substitution Therapy with some early successes.
- Active participation in SLFNHA Mental Health Review, Community Health Worker Diabetes Program, SLFNHA Board as ex officio member, SLRPSI Board Advisor as well as many committees and ad hoc Working Groups.
- Ongoing Advocacy at all levels for improved, enhanced, and comprehensive medical services to all communities as well as off reserve First Nation members in our region.

Challenges

- Worldwide and Canadian severe shortage of suitably trained and experienced health care providers including physicians, nurses, mental health providers (Psychologists, Psychotherapists, Counsellors, Crisis Workers), Rehabilitation Service Providers, Ultrasound and Xray technologists etc. Several factors make recruitment to the region more difficult (lack of housing in Sioux Lookout and communities, spousal employment, schools, isolation from nuclear family and more). With the increase in Virtual Care fewer Health Care Professionals are willing to relocate.
- Lack of accommodations and workspace in many of our communities. We have had, at times, needed to cancel a physician's community visit due to lack of space as well as issues with existing spaces.
- Significant changes in the community nursing complement as provided by ISC and some Tribal Councils. Many nurses are from agencies and are not appropriately trained and experienced for outpost nursing. This is addressed regularly with ISC.
- Dramatic increase in volume of emergencies and calls from community nurses to physicians resulting in daily/weekly challenges in populating the physician schedule to provide 24/7 coverage to every community in the region. To date this has been achieved but is now causing physician burn out.
- Lack of support to enhance primary care at the community level (workspace, personnel, admin support at the nursing station for physicians, very high turnover of nurses at community level with severe loss of continuity of care).
- Lack of support, education and training opportunities for community-based workers who are valued and essential team members with the potential to make very meaningful contributions to patient care.
- Lack of a single, secure Electronic Medical Record (EMR) that all providers would use to record patient

interactions, refer, share information, and ultimately streamline care and prevent "falling through the cracks" experienced by many First Nation patients.

- Ongoing challenges with patient transportation including delayed ORNGE transfers (lack of planes, personnel, and northern priority) as well as inadequate Non-Insured Health Benefits (NIHB) services.
- Inadequate pharmacy services (currently being addressed by SLFNHA).
- Multiple issues with community-based Addiction Programs (lack of in community continuous Addictions counselling services, poorly trained Suboxone workers and lack of land-based programs and opportunity to access Traditional Medicine).

Moving Forward

- Establishment of a SLRPSI Medical Director who will collaborate closely with SLFNHA Medical Director and share the heavy workload.
- Develop a robust Physician and Nursing Quality Assurance program in collaboration with ISC and Tribal Councils/Independent Communities.
- Work with Chief Executive Officer and Chief Operating Officer to develop an updated job description and Term of Reference for the SLFNHA Medical Director.
- Support follow up and actioning recommendations coming from Coroner's reports and inquests.
- Advocate for the development of CHW Education, Training, and Mentorship Program.
- Promote introduction of Sublocade to all communities and work towards the discontinuation of Suboxone where and when possible.
- Completion of revised Physician Suboxone Guidelines.
- Development of training program and mentorship for in community Suboxone Direct Observed Workers (DOT).

PHYSICIAN SERVICES/SLRPSI

The Sioux Lookout Regional Physicians' Services Inc. (SLRPSI) Board Members 2022-2023

Physician Members	SLMHC Members	SLFNHA Members
Dr. Ben Langer, Board Chairperson, Physician Representative	Dean Osmond, Secretary, SLMHC	Samuel McKay, SLFNHA
Dr. David Folk, Physician Representative	Dr. Lauren Laakso, SLMHC	Roy Fiddler, SLFNHA
Dr. Joanne Fry, Physician Representative	Allan Tait, SLMHC	Howard Meshake, Vice-Chairperson, SLFNHA

Established in 2010, Sioux Lookout Region Physicians' Services (SLRPSI) was created to provide innovative, patient-focused physician services in the Sioux Lookout area. SLRPSI was founded with the aim of managing physician services within the region, and this commitment to that remains strong. The mission is to provide innovative, exemplary, patient-focused, physician services that optimizes the quality of life, delivered by a committed team through the integration of clinical and academic expertise, in support of the vision of SLRPSI.

Physician Services

Through a management agreement between SLRPSI and SLFNHA, the Physician Services department 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 and the Director of Physician Services and team. The SLFNHA Medical Director provides leadership and expertise to SLRPSI. Within SLRPSI, there are 3 physician groups, as well as individual physicians, that provide services to the area. Physicians have the flexibility to work in a variety of settings, including: the emergency department room, outpatient clinics, and offering northern community visits and support. Physician Services supports the delivery of family physician client care in the Sioux Lookout area, through the following activities:

- Executive Management to the governance of SLRPSI and its obligations within the Ministry of Health mainframe agreement.
- Maintaining electronic physician health records management and providing technical support.
- Supporting the medical office by providing medical administrative assistance.

- Providing nursing and clinical care including interpreting services.
- Responsible for the creation, distribution, and maintenance of the day-to-day scheduling of the regional physicians.
- 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).

Highlights and Accomplishments

- 2682 in community physician days.
- Increased presence of Addiction Medicine Physicians in Community
- Approval of the Specialist Proposal through an amendment of the Mainframe Agreement. Approved funding for 13 Specialists (Psychiatry, General Pediatricians, General Internal Medicine, OB/Gyn and Radiology.)
- SLFNHA/SLRPSI commenced the re-negotiation of the Mainframe Agreement with MOH and the Contribution Agreement with ISC. Successful initial meeting and follow-up discussions have occurred.
- Although SLRPSI faced challenges with physician human resources, the emergency department and virtual ER remained 100% covered.
- Northern Practice welcomed and onboarded 29 new Locums to the Sioux Lookout region.
 - 52% have returned to the region.
 - 10% have signed contracts.
- Increased Physician Services and Primary Care Team

integration and collaboration.

- Updated Recruitment and Retention Strategy for the Sioux Lookout region.
 - Increased digital presence on LinkedIn & Cherry Health.
 - Attended 3 in-person physician conferences.
- Re-establishment of the Recruitment and Retention Committee.
- Physician Services MNP Operational Review completed, and a working group established to ensure recommendations are actioned.
- Increased access to Electronic Medical Records – OSCAR for external users. This initiative aims to enhance patient care. The external users who now have access include:
 - Indigenous Service Canada Nurse Practitioners,
 - Developmental Services SLFNHA, and
 - Primary Care Team, SLFNHA.

Challenges

- Continuous physician shortages for the region.
- Limited Recruitment and Retention funding for the region.
- Temporary incentives unavailable for Sioux Lookout based physicians.
- Challenges signing full time contracted physicians.
- Increased part time away contracts.
- Specialist Program development on hold due to administrative funds not being flowed.
- Outpatient clinics (Hugh Allen and The Northern Clinic) have been reduced due to lack of physician resources.
- The Northern Clinic has been without a Nurse Practitioner since December 2022.
- ER Follow-Up & Day Med Role was not filled from April 2022 to January 2023.
- Reinstated January 9, 2023, only Monday & Thursday's
- This results in redirecting physicians from the clinic to follow-up & day med, causing multiple clinic cancellations.

- Ongoing physician services staffing shortages and recruitment challenges.
- Physician Services was amid a hiring freeze.
- Ongoing physician accommodations shortages.

Moving Forward

- SLFNHA/SLRPSI to continue to work on the Mainframe Agreement re-negotiation with MOH and ISC.
- SLRPSI/Physician Services to continue to advocate for administrative moneys to flow in order to commence the develop the Specialist Program.
- SLRPSI/Physician Services to continue to work towards updating the bylaws and governance manual to ensure compliance with the Not-for-Profit Corporations Act.
- Building on SLRPSI/Physician Services relationship within our First Nation communities.
- SLRPSI/Physician Services participating in the collaboration of regional initiatives for an integrated regional health records system.
- Physician Services to continue to collaborate with interdepartmental partners (Nodin, Development Services, and Primary Care Team) on the development of regional programs.



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.

Facts	Figures (20-21)	Figures (21-22)	Figures (22-23)	(% change)
Days of family medicine physician days in northern communities	2828	2714.5	2682	1.2% decrease
Days of addiction physician in northern communities – Opiate Replacement Therapy Programs.	16	21	97.5	364% increase
Client general health visits to the Sioux Lookout Northern Clinic* (includes locums, contracted physicians and nurse practitioner)	4,855	6,967	5878	15.63% decrease
Client visits for speciality clinics (which includes both sports medicine and 2SLGBTQ+ clinics) at the Sioux Lookout Northern Clinic	333	456	554	19.5% increase
ER follow up visits to the Sioux Lookout Northern Clinic	1,154	1,028	Missing data	
Client visits with the Nurse Practitioner(s) at the Sioux Lookout Northern Clinic	425	1,941	1347	3.46% decrease
Average number of clients seen per day, average per week at the Sioux Lookout Northern Clinic	20	28	22	21.4% decrease
Average number of clients seen average per week at the Sioux Lookout Northern Clinic	99	134	108	19.4% decrease
Northern Clinic Client No Show	N/A (data missing)	1272	1144	10.06% decrease

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 eleven family physicians, and two registered practical nurses working together with an administrative support staff of five full time employees, to provide comprehensive health care. Our goal is to be patient focused and meet the needs of our patients as efficiently as possible.

Facts	Figures (20-21)	Figures (21-22)	Figures (22-23)	(% change)
Client general health visit the Hugh Allen Clinic (includes residents, locums, and contracted physicians)	13,022	10,793	10,646	1.36% decrease
Average number of clients seen per day at the Hugh Allen Clinic	58	48	48	No change
Average number of patients seen per week		216	216	No change



MIIGWETCH TO ALL OF 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
CHOOSE LIFE
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
INDEPENDENT FIRST NATIONS
JORDAN'S PRINCIPLE
KEEWAYTINOOK OKIMAKANAK
KENORA CHIEFS ADVISORY
MAAMWESYING NORTH SHORE COMMUNITY HEALTH SERVICES
NISHNAWBE ASKI NATION
NORTHWESTERN HEALTH UNIT
NORTHWESTERN ONTARIO INFECTION CONTROL NETWORK
ORNGE
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
WABUIN TRIBAL COUNCIL
WEENEEBAYKO AREA HEALTH AUTHORITY
WINDIGO FIRST NATIONS COUNCIL

WE VALUE OUR CONTINUED RELATIONSHIPS WITH OUR PARTNERS AND LOOK FORWARD TO WORKING TOGETHER IN THE FUTURE FOR THE BETTERMENT OF OUR COMMUNITIES.



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