



Sioux Lookout
First Nations
Health Authority

Annual Report 2024 - 2025



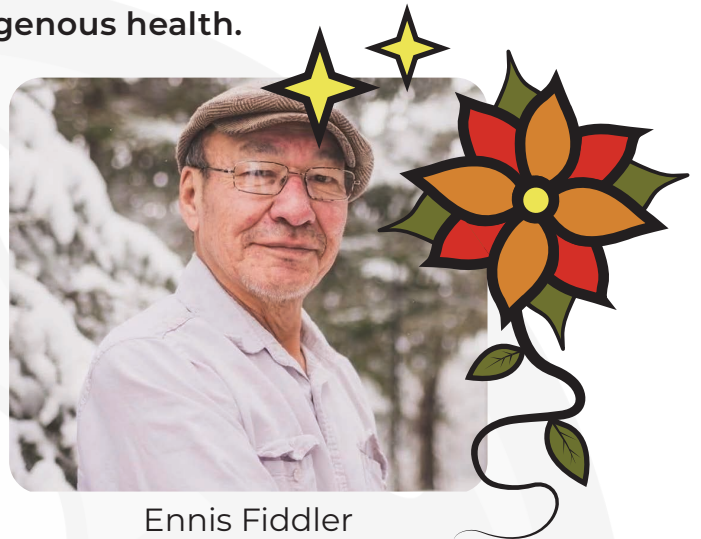
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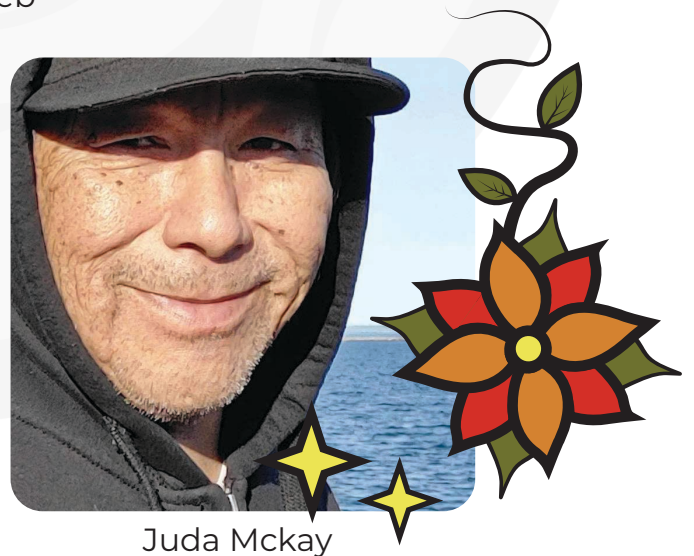


In Memoriam

The 2024-2025 Annual Report is dedicated to the memories of the Sioux Lookout First Nations Health Authority (SLFNHA) Employees that have passed this year and their commitment to Indigenous health.



Garnet Angecone



Sioux Lookout First Nations Health Authority

Board of Directors

The SLFNHA Board of Directors is made up of representatives from Tribal Councils and independent communities within the Sioux Lookout area.

The Board sets SLFNHA's policies and directions and ensures these are implemented and followed. The strategic plan, implemented by the board members and SLFNHA management, sets the overall direction for the organization. The President and Chief Executive Officer (CEO) is accountable to the board for delivering the strategic plan and for stewardship of resources.



Cynthia Fiddler
Board Chair

Sandy Lake First Nation
Sandy Lake Representative
(Independent First Nation)



Michelle Kakegamic R.N.,
BScN - Vice Chair

Muskrat Dam First Nation
Keewaytinook Okimakanak
Representative



Tanya Bottle
Secretary / Treasurer

Mishkeegogamang Ojibway Nation
Mishkeegogamang Representative
(Independent First Nation)



Alan Jethro Tait
Director

Sachigo Lake First Nation
Windigo First Nations Council
Representative



Samuel McKay
Director

Kitchenuhmaykoosib Inninuwug
Independent First Nations
Alliance Representative



Wanda Atlookan-Sugarhead
Director

Eabametoong First Nation
Matawa First Nations Council



Rhoda Angees
Director

Wunnumin Lake First Nation
Shibogama First Nations Council



Thomas Spade
SLFNHA Board Elder

Mishkeegogamang Ojibway
Nation

Chief's Council On Health Message



Chief's Council on Health (CCOH) Co-Chairs Chief Clifford Bull and Chief Donny Morris

The role of the CCOH is to, “provide ongoing political direction, advocacy and oversight in achieving First Nations self-determination over the regional health care system as mandated by the Sioux Lookout area Chiefs.” In 2024 and 2025, the CCOH has continued to work on several important projects that advance self-determination.

The CCOH and SLFNHA hosted a Special Chiefs and Elders Meeting on June 25-26, 2024, in Migisi Sahgaigan – Eagle Lake First Nation. Chiefs, Elders, and health system partners shared updates on existing issues and new strategies in the region.

The CCOH has also explored regional health governance and collective ways to improve health services to First Nation members. This included meeting and discussing solutions with the Sioux Lookout Meno Ya Win Health Centre (SLMHC). We have heard many concerns with care and have initiated discussions to seek solutions and how to work better together. The willingness to create a united voice exists and we will continue to foster the relationship with SLMHC.

With respect to advocacy efforts with regional health care providers, the CCOH and SLMHC held a joint meeting in the fall of 2024 to discuss the CCOH's expectations of SLMHC's cultural competency and collaboration with First Nations. Since that time, SLFNHA has coordinated “tri-board” technical meetings, which included representatives from the boards of SLFNHA, SLMHC, and the Sioux Lookout Regional Physician Services Inc. (SLRPSI).

Recognizing that First Nation members make up the vast majority of our region's population, the CCOH is prepared to support SLFNHA with advocacy efforts that will bring these major health providers together in closer collaboration with a goal to create a First Nations Regional Health System Partners Table. This proposed table would also include representatives from the regional tribal councils and independent communities.

We will continue to support all efforts to strengthen the health system and improve health outcomes in our communities.



Board Chair **Message**

Cynthia Fiddler

Boozhoo, Waciye, Ndawehmahgunug, Cynthia Fiddler ndizhinikaaz, Sandy Lake ndoonjii. My name is Cynthia Fiddler and I am from Sandy Lake First Nation. It is an honour and privilege to serve as Board Chair, effective June 2024.

On behalf of the SLFNHA Board of Directors, we are excited to share new developments that have taken place over the last year. We are happy to share that the SLFNHA Strategic Plan 2022-2027 is being implemented and highlights are included in this report. Planning and evaluation for the next strategic cycle is expected to start in fall 2025.

The board continues to build its capacity and has engaged in board governance training that was facilitated from a First Nations lens and offered focused learning on policy development. In summer 2024, the Board requested orientation materials for the Board members. A Board of Directors Governance Manual, Board Skills Matrix, and Policy Manual are currently being finalized to produce a Board of Directors Orientation package that will enhance and strengthen onboarding and recruitment. All new Board materials are in compliance with SLFNHA policies, corporate by-laws, and the Ontario Not-for-Profit Corporations Act, 2010.

We would like to also mention that a Board of Directors Summary template has been produced and shared with Board members, with the intent to improve our communications with respective Tribal

Councils and communities.

In fall 2024, the Board participated in a joint meeting with the boards of the SLMHC and SLRPSI. Holding a trilateral governance meeting of the major regional health care organizations has been a longtime goal. We see this as a step forward in coordinating health services and priorities in the region and we look forward to continuing on this collaborative pathway with future joint meetings.

This report highlights the many successes and achievements of SLFNHA. We know there is a long way to go to achieve health equity in the region, but we will remain steadfast in our efforts and will continue to strive to improve health services for the communities we serve.





President and CEO Message

Sonia Isaac-Mann

I would like to begin by recognizing that the last year has been a challenging one for many First Nations. Communities have faced ongoing mental health crises, as well as other health and social challenges. Through it all, SLFNHA has remained steadfast in our commitment to supporting the First Nations we serve, whether on the ground in communities or when members travel to urban centres.

Alongside SLFNHA's responses to urgent needs, we continue to work towards system change to support a model that is responsive to First Nations and guided by First Nations authority and control. To this end, we have continued our technical support role to the Board of Directors and CCOH, helping advance their 5-Point Strategy.

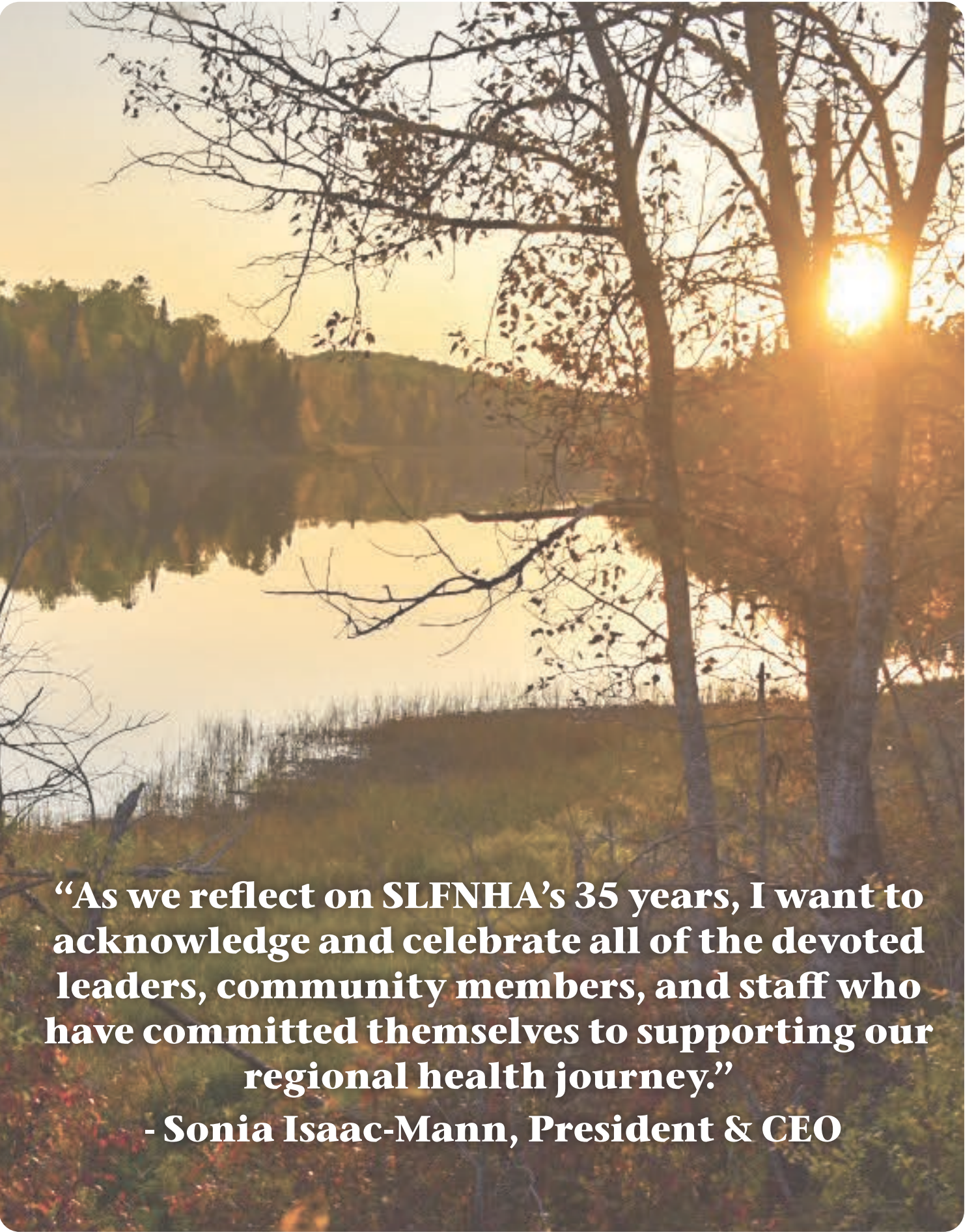
Pursuant to several Chiefs-in-Assembly Resolutions, SLFNHA research and advocacy work to develop innovative, community-driven solutions continues. For example, our work towards opening a regional dental clinic in Sioux Lookout (per Resolutions #10-07 and #24-12) has faced funding challenges and barriers set by the Federal Government's unwillingness to share data, but we remain determined. By listening closely to community needs and engaging directly with our partners, we are finding innovative approaches that we believe will allow us to open the clinic in fall 2025.

Another area of growth is our work with Accreditation Canada to assess SLFNHA's readiness to become a nationally accredited health services agency. This process will help ensure progress that reflects national health standards while staying rooted in First Nations' mandates, local needs, and cultural values that guide us.

The SLFNHA strategic management framework continues to be a foundation that guides all departments, programs, and staff in working towards common goals that reflect our community-approved mandates and Strategic Plan. Over the past year, we have seen substantial momentum in advancing goals, improving systems, and strengthening culturally informed health initiatives.

We know that strong relationships and partnerships are essential to success. Alignment and coordination across the region allow us to share resources, amplify efforts, and enhance service and care. By working together, we are better able to honour community priorities and create meaningful, lasting change.

As we reflect on SLFNHA's 35 years, I want to acknowledge and celebrate all of the devoted leaders, community members, and staff who have committed themselves to supporting our regional health journey. Your dedication is an integral part of the Sioux Lookout area First Nations health system.



“As we reflect on SLFNHA’s 35 years, I want to acknowledge and celebrate all of the devoted leaders, community members, and staff who have committed themselves to supporting our regional health journey.”

- Sonia Isaac-Mann, President & CEO

Cheryl Thompson - Fall in Forest

Years of Service

Miigwetch for your dedication!

Retired

Mike Kushner
Donna Preater
Beryl Southall

10 Years

Delaine Fiddler
Charles Williams

20 Years

Nancy Greaves

25 Years

Susan Chapman
Charlene Dymment
Stephen Edwards

5 Years

Lauren Adams
Tareq Alshamaileh
Clementine Anderson
Edith Anderson
Carol Barrett
Charity Beardy
Harmony Beardy
Lisa Brown-Douglas
Richard Callewaert
Krista Campbell
Alexandra Chiasson
Trisha Cordes
Shannon Cote
Samantha Donaldson
Candi Edwards
Mitchell Enns
Carlean Fiddler
Tracy Goodman
Shanjid Hasan
Sheila Hendricken
Joanna Henry
Lisa Hindy
Zoe Howlett
Brian Kanakakeesic
Irene Keesickquayash
Meghan Kendall

Rita Kenny
Jeremiah Kimball
Tiana Korobanik
Raye Landry
Elizabeth Leis
Chanda L'Heureux
Pankaj Lilani
Ashley Mainville
Kelly McIntosh
Angie Morris
Mallory Neekan
Hannah Ohman
Kyle O'kees
Lisa Peel
Kiruthika Radhakrishnan
Esther Runquist
Megan Rogers
Ian Rose
Sara Sakamoto
Melissa Salo
Jessie Simard
Susan Serson
Iris Stevenson
Edgar Turallo
Matthew Wesley

SLFNHA in Community



Mishkeegogamang



Nibinamik



Lac Seul



Migisi Sahgaigan



Kasabonika Lake



Bearskin Lake

SLFNHA on Social Media



Sioux Lookout First Nations Health Authority

Published by Loomly

October 22, 2024

Miigwetch to everyone who joined us for the special ceremony commemorating the former Sioux Lookout Zone Hospital at its location and at the Sioux Lookout Legion. Your presence helped us honour the history and significance of the former hospital and the many lives it touched.

Together, we remembered the resilience, care, and legacy and strive for a better future for healthcare in Kiwetinong.





Sioux Lookout First Nations Health Authority

Published by Loomly

August 7, 2024

Last week, SLFNHA, K-Net, and Windigo First Nations Council brought back the Bannock Bake-Off, which kicked off the 2024 Blueberry Festival in Sioux Lookout.

What a success it was! Miigwetch / thank you to all organizations, judges, and guests who participated!

The runner up was the Municipal Truth & Reconciliation Committee, with the winners of the 2024 Bannock Bake-Off going to Shibogama First Nations Council!

See you all next year!!





Sioux Lookout First Nations Health Authority

Published by Loomly

August 27, 2024

The Sioux Lookout First Nations Health Authority announces the new names for Hostels 2 & 3, inviting clients and staff to a celebratory event that was held on June 19, 2024. The new names represent the hard work and milestone to delivering reliable healthcare services to the First Nation communities.

For more details, discover the newest Summer/Niibin edition of Otipacimo, on page 12 https://www.sfnha.com/.../otipacimo-summer-2024-issue...





Sioux Lookout First Nations Health Authority

Published by Loomly

March 7

#FeelGoodFriday - This week Miskeegogamang opened their Community Health Hub and SLFNHA coordinated the ceremony and celebration! Community Health Hubs are an answer to bringing health services into community. This sees the fulfillment of SLFNHA's mission to transform the health of Anishinaabe across Kiwetinong and take control of healthcare in the north. In addition to the ceremony, SLFNHA Engagement & Partnerships Team listened to community representatives to discuss Health Priorities moving forward. Miigwetch to the community for creating space and taking the time to celebrate this achievement!





Sioux Lookout First Nations Health Authority

Published by Loomly

October 11, 2024

Families from the region gathered at Onaman Ziibi October 7-11, 2024 in Sioux Lookout for SLFNHA's Kiwe Minoyaawin (Return to Wellness) Fall Family Camp.

The camp combines mental wellness and cultural practices for families from First Nations communities served by SLFNHA with children/youth ages 6-18. It is a collaborative effort between various SLFNHA departments, including Nodin Mental Health Services, Anishinaabewadziwin, Client Services, and Onaman Ziibi.

It was an exciting and jam-packed week full of games, activities, workshops, traditional teachings, group sessions, medicine teachings, as well as a special visit from the Lac Seul Police Service!





Sioux Lookout First Nations Health Authority

Published by Loomly

November 7, 2024

A big thank you / miigwetch to Dennis Franklin Cromarty High School in Thunder Bay for working with SLFNHA to host a vaccine clinic on November 6. A total of 89 Influenza vaccines were provided to students! Dieter Sainnawap, Indigenous Liaison Worker for SLFNHA, was also on hand to provide cultural teachings, smudging, and traditional medicines.

A special shout out to Matawa Health Co-op for partnering with us to make this clinic happen. Miigwetch!

As respiratory illness season approaches, SLFNHA strongly encourages you to get your flu and COVID-19 vaccines and to ensure your other vaccinations are up to date.

By keeping your vaccines up to date, you help protect yourself, your loved ones, and your community.





Sioux Lookout
First Nations
Health Authority

35 years of transforming the health of
Anishinaabe people across Kiiwetinoong.

Mission

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

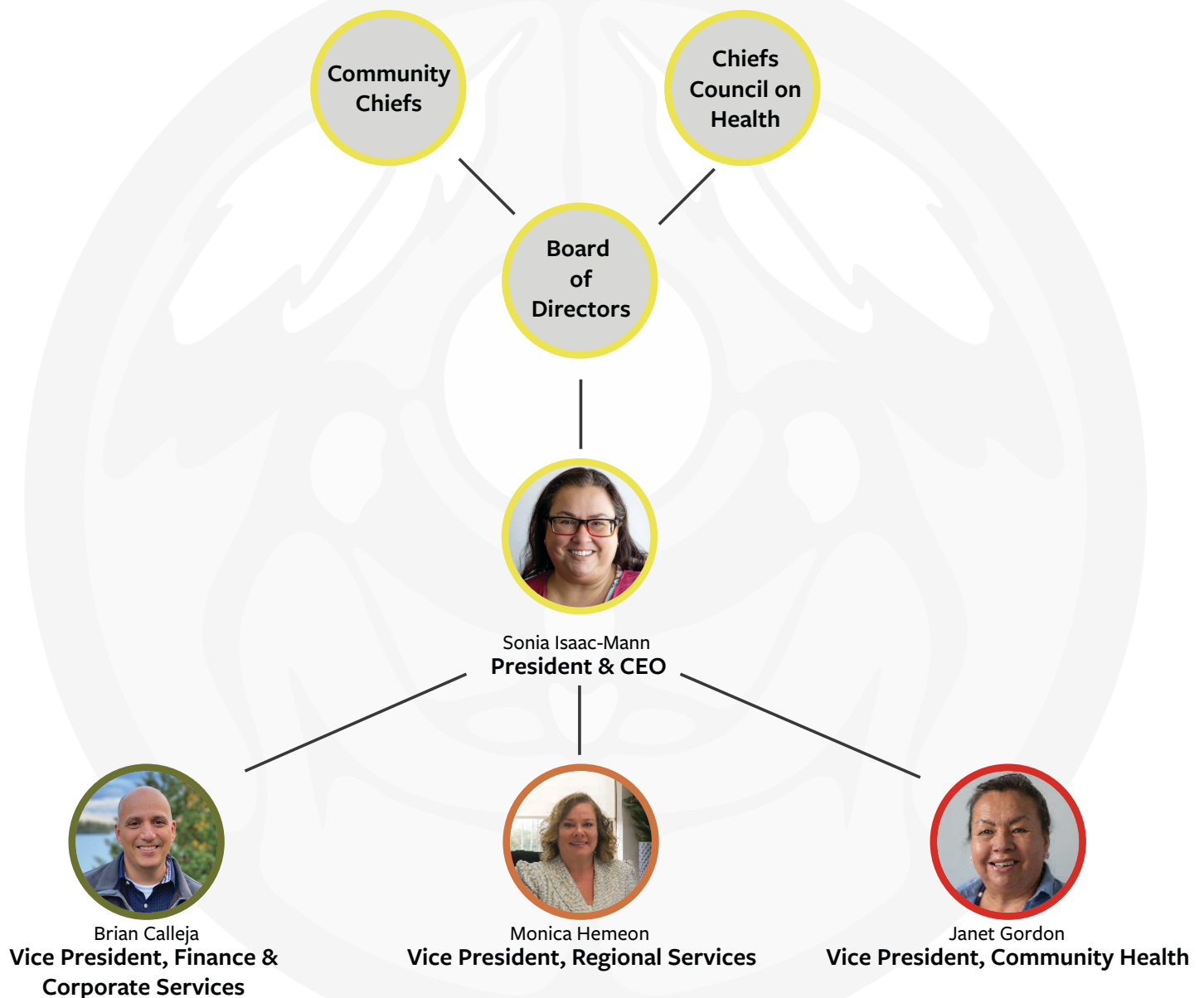
Vision

Resilient and health
Nations supported on
their path to wellness.

Values

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

High Level Leadership

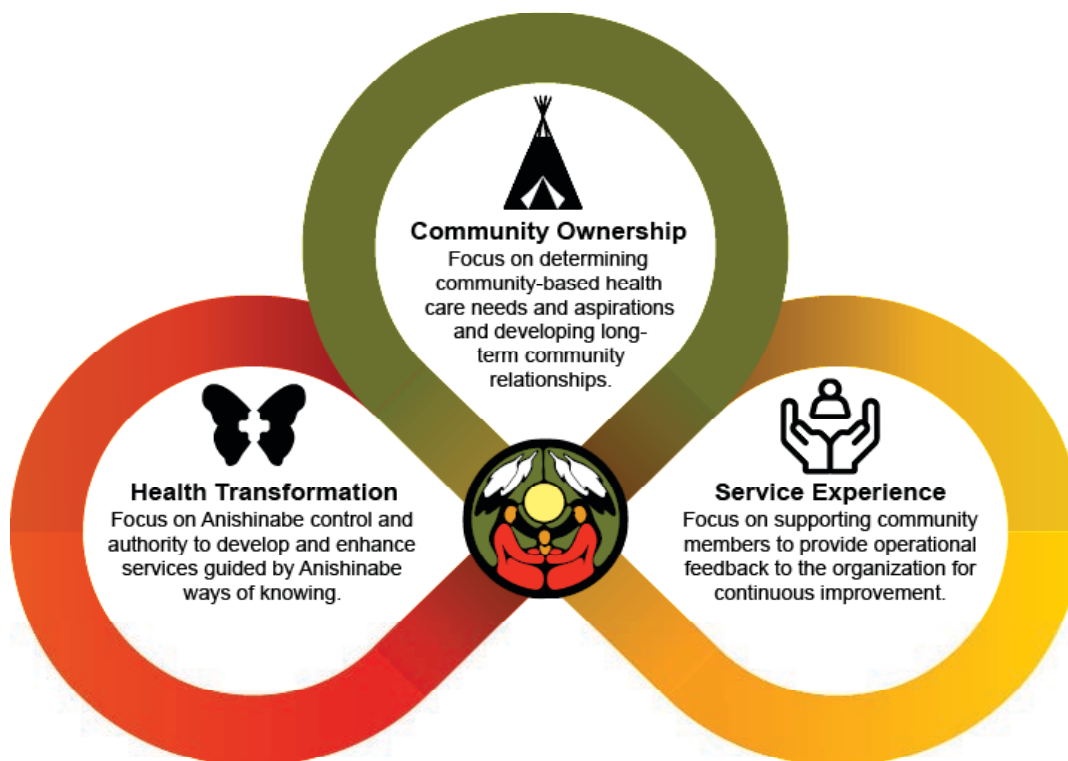


FINANCE
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Strategic Directions 2022-2027



Community Ownership

Focus on determining community-based health care needs and aspirations and developing long-term community relationships. The following initiatives will guide our work:

- Communication Strategy – Share the strategic plan for community input and feedback.
- Kanawenimitisoowin – Develop a community engagement process to learn about the community health care needs and goals.
- Community Relations – Connect and collaborate on a long-term continuous basis with communities with the aim of facilitating a sense of ownership.

Health Transformation

Focus on Anishinabe control and authority to develop and enhance services guided by Anishinabe ways of knowing. The following initiatives will guide our work:

- Anishinabe control of health programs and services (ie. Non-Insured Health Benefits) – Acquire the needed decision-making, control and authority in order to bring services “closer to home”.
- Building Culturally-Informed Services – Develop a healthcare service standard to meet the Anishinabe practices and principles of our communities.
- Healthcare Professionals from and in the Community – Develop partnerships to educate, recruit, and mentor community members to meet their healthcare needs.
- Develop a Health Transformation plan, which will include an implementation plan that identifies how to work in collaboration with partners.

Service Experience

Focus on supporting community members to provide operational feedback to the organization for continuous improvement. The following initiatives will guide our work:

- Client Experience & Service Improvement Process – Capture, document, and classify the clients’ experiences with our health care services with a rapid follow up communication process with clients for the purpose of improving service delivery.
- Patient Advocacy – Build a robust patient advocacy framework to ensure responsive liaison between patients, families, and health care teams.
- Integrated Service Delivery – As part of the regional alignment, a review of the SLFNHA service delivery models will be completed with the goal of providing streamlined and seamless services.

Strategic Policy, Planning & Quality

Overview

The Strategic Policy, Planning & Quality (SPPQ) team supports the development of tools, processes, and initiatives that assist in the implementation of the strategic management framework. It is also focused on the following key streams:

- Engagement & Partnerships – Communications & Events
- Policy & Planning
- Research, Data & Knowledge Exchange
- Quality Assurance – Compliments, Complaints & Privacy
- Mental Health Project



Strategic Management Framework

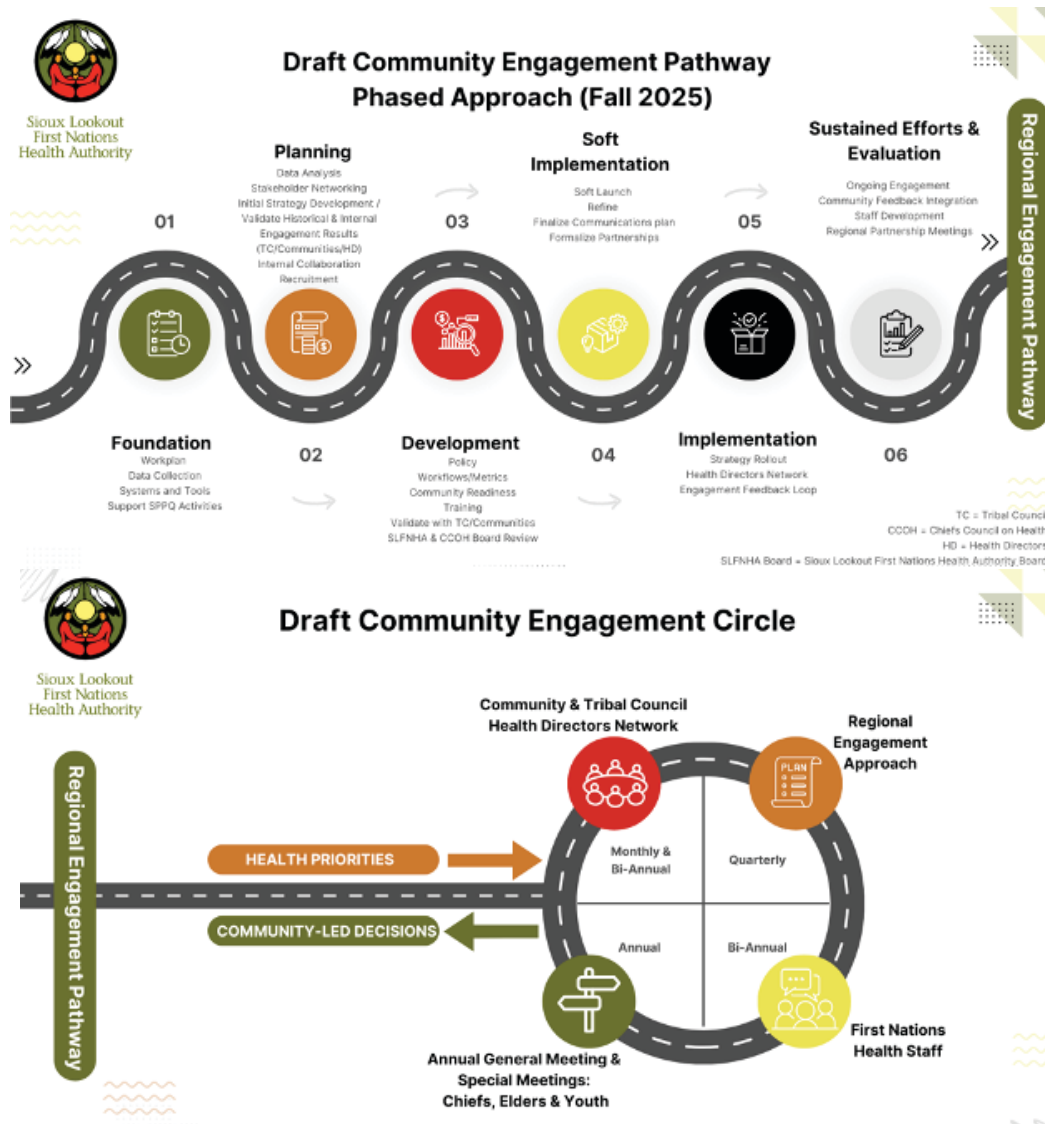


Other key objectives include:

- Focus on creating efficiencies and alignment within the organization and among regional health partners.
- Draw upon strengths and skills throughout the system to support strategic alignment of Nations based decision-making.
- Collaborate with partners to support the development of mechanisms to negotiate and co-develop policies and structures that underpin a regional health system.
- Ensure that work is done while recognizing the sovereignty, unique protocols, governance, and knowledge systems of First Nations.

Strategic Policy, Planning & Quality

All team members are focused on advancing client-centered, culturally informed, and evidence-based systems change across SLFNHA. This fiscal year, SPPQ initiated an accreditation journey to service improvement, internal reporting infrastructure, privacy modernization, health system planning, and co-developed a draft engagement pathway with First Nations leaders and community members. Team members also provided technical support to the CCOH, SLFNHA Board of Directors and President & CEO and various departments re: governance modernization, policy development, service improvement, and knowledge sharing. In total, the team worked towards 63 distinct initiatives, most of which involved cross-functional collaboration.



Engagement & Partnerships

This year, the Engagement & Partnerships team focused on co-developing a Communications Strategy and a Community Engagement Pathway with communities and Tribal Councils. We held multiple meetings with all Tribal Councils and Independent First Nations to gather and validate health priorities, build reciprocal relationships, and aligned engagement methods with community protocols and preferences. These efforts have laid a strong foundation for more consistent, community-led engagement across SLFNHA's service areas.

Strategic Policy, Planning & Quality

Key accomplishments were supporting quarterly Regional Engagement Approach meetings, launching “Wiindamekewinan - “SLFNHA Radio Connect” in coordination with SLFNHA Communications, and leading the planning and coordination of the 2024 Special Chiefs & Elders Meeting. The team also assumed oversight of the Event Coordinator position to enhance alignment and support for organizational events. Additional achievements included developing a Regional Health Directors Network concept, gathering community-identified health priorities, designing the 2024 SLFNHA Programs & Services Handbook, sharing the SLFNHA Spring Chiefs Report 2024, and strengthening tools and protocols for partnership agreements and engagement tracking.

Policy & Planning

The team continued its work to provide technical support to the CCOH 5-Point Strategy and related governance tasks, Board of Directors Governance and Policy Manual along with internal SLFNHA planning processes. This includes the development of a draft SLFNHA Policy Framework, draft Ethics Framework alongside the Quality Assurance, Research and Anishinaabewaaiziwin teams, draft Patient Advocacy bundle, SLFNHA Annual Planning Cycle, draft Governance/Risk/Compliance Framework and exploring the Truth & Reconciliation Commission Calls to Action & SLFNHA response.

Research, Data & Knowledge Exchange

The team continues to support the development of a culturally appropriate Research Framework, exploring the integration of data and health information management systems, requests for Access to Information and Privacy (ATIP), and opportunities for knowledge exchange sessions with regional and national First Nations health authorities. The SLFNHA Senior Management team has met twice with the First Nations Health Authority in British Columbia to exchange best practices and health service delivery models.

Quality Assurance

This year, we initiated the SLFNHA Strategic Plan alignment and associated workplanning. We developed a new Compliments & Complaints program, along with a system for tracking and responding to client and staff safety concerns. These tools will help us better listen to feedback, respond to issues, and ensure a safe and respectful environment for all.

We are also building systems to track what’s working and where we need to improve. By linking this work to our organizational workplans and key performance indicators (KPIs), SLFNHA will be better able to evaluate its services in a balanced and wholistic way that reflects community values.

In addition, we supported SLFNHA’s efforts to prepare for Accreditation, leading self-assessments, and working across departments to ensure our services meet national standards for quality and safety.

Mental Health Project

In response to Sioux Lookout area Chiefs’ Resolution #23-09 - Public Health Emergency, SLFNHA has mobilized a Mental Health Task Force to review previous work related to the ongoing mental health crisis experienced in First Nations communities. A significant project goal is to move towards a more comprehensive, coordinated mental health and addictions system, which better meets the needs of communities. Additional goals include developing a media and advocacy strategy, explore training and capacity building opportunities, and policy and standards development. A Mental Health Project Charter has been developed to assist in identifying a coordinated pathway forward which includes input and feedback from community members and mental health subject matter experts.

Strategic Policy, Planning & Quality

Mental Health and Addictions Project Charter 2025-2026

Vision: Resilient and healthy First Nations supported on their path to wellness

Mandate	Goals	Completed Activities	Proposed Outcomes
Resolutions #23-08: Declaration of Public Health Emergency and Social Crisis to Address Mental Health and Addictions Among Sioux Lookout area First Nations	- Media campaign highlighting Mental Wellness and Substance use report - CCOH Advocacy - Form Mental Health and Addiction Task Force - Community capacity building - Build partnerships and relationships - Co-Develop regional strategy - Host a mental health and addiction forum	- Hosted a mental health and addiction forum in 2024 - CCOH advocacy letter to Canada - Formed Task Force in 2024 - Continue to share model and recommendations with partners - Educational partnerships - Mapping of Mental Health and Addictions services in region - Internal meetings to develop mental health integration	- Increased awareness of mental health and addiction services available - Ongoing political advocacy through CCOH - Community direction and guidance - Community Impact model to coordinate regional partners - Community capacity building - Recommendation and Implementation plan
Internal Partners	Critical Path 2025 - 2026		
ACW Nodin Anishnaabewaadiziwin SPPQ	Q1 Q2 Q3 Q4 Team Meetings Conduct Internal Review of Mental Health and Addictions Continue to Develop Partnerships with Service Providers Implementations and recommendation plan Project realignment		



Strategic Policy, Planning & Quality

Challenges

Community Capacity and Accessibility

We recognize and respect that communities face many urgent priorities throughout the year. At times, local leadership and health teams are understandably focused on responding to immediate needs. In response, we have adapted our timelines and approaches, remaining flexible and committed to moving at a pace that aligns with community readiness and direction. We remain dedicated to exploring community capacity and training opportunities.

Travel and Coordination

Our teams have recognized and explored ways to schedule and align visits with multiple departments while respecting community timelines, which can be challenging. Travel to remote communities is often logistically complex, weather-dependent, and subject to flight availability. Improving client coordination efforts continues to be a priority.

Working Together Across Teams

Many of our initiatives are collaborative efforts across departments and partner organizations. While aligning schedules and priorities can be complex, we have learned the value of early planning, shared timelines, and open communication to support smoother coordination moving forward.

Funding and External Dependencies

Some projects have relied on external funding or approvals beyond SLFNHA's direct control. We have prepared internally so we can act quickly when these resources become available.

Building Trust Through Meaningful Relationships

Introducing new systems—such as client rights, feedback processes, or research protocols—takes time and care. We are committed to ensuring that everything we do is grounded in First Nations values and strengthened through ongoing relationships.

Moving Forward

As the SPPQ team continues to develop, our foundation will always be focused on the health and well-being of First Nations, along with the vision, mission, and values of our organization. We will continue to integrate First Nations culture, teachings, and values into all our work. We look forward to continuing our efforts to align, strengthen, and support approaches that are guided by the direction and feedback of community leadership and members.

Kitchi-Miigwetch

Strategic Policy, Planning & Quality

HOW TO PROVIDE COMPLIMENTS AND COMPLAINTS



Sioux Lookout
First Nations
Health Authority

Mail:

Attention: Compliments and Complaints Specialist
c/o Lorna Fiddler
Sioux Lookout First Nations Health Authority
3 Sturgeon Meadows Road, Sioux Lookout ON P8T 1B8

 **Phone: 807-738-3955**

 **Email: lorna.fiddler@slfnha.com**

Your feedback will be forwarded to the Quality Assurance Team. Please note: this is not an emergency support line. Should immediate support be needed please contact:

- **Meno Weecheeheeway Patient Navigators (807-737-3850)**
- **Hostel Support Services (807-737-3850)**



Vice President, Finance and Corporate Services **Message**

Brian Calleja

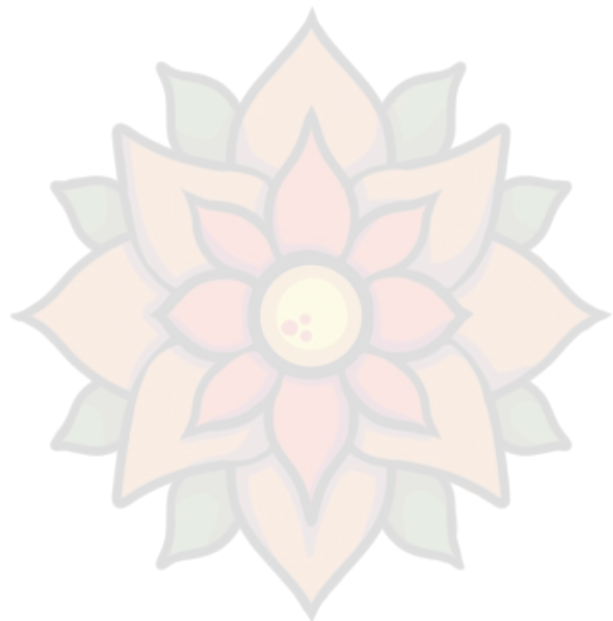
I would like to start out by saying thank you to all employees at SLFNHA that helped to make the 2024-25 year a great success. The organization has moved toward stabilizing its growth over the past five years, while driving to improve the overall service delivery to the First Nations we serve.

The Finance Department had success in negotiating a New Fiscal Relationship (NFR) 10 Year Grant with Indigenous Services Canada (ISC). The 2025-26 fiscal year was the first offering of the grant to Health Authorities across the country. The good financial health of SLFNHA and the strong financial policies and processes in place made the organization an ideal candidate to receive this structured funding. The NFR Grant program offers a baseline for predictability and flexibility but, at the current time, only a small percentage of SLFNHA's overall funding falls into NFR Grant eligibility. The grant offers organizations and First Nations funding that grows with the serviceable population and inflation. Additionally, it provides the flexibility for funding to be moved to areas identified as high community need/want.

The Real Property Department continued to build and implement Health Hubs in various communities this past year. Hubs are running and functioning in the First Nations of Cat Lake, Keewaywin, Muskrat Dam, Webequie, Nibinamik, and Mishkeegogamang. It is anticipated that two additional hubs will be operational

in the First Nations of Sandy Lake and Weagamow in the fall of 2025. The department has continued to work with communities to ensure the Health Hubs are meeting the needs of the community and servicing their priorities.

The Real Property Department has also supported the organizational growth needs by working to secure more housing for Health Professionals based in or working out of Sioux Lookout. A newly renovated five-plex is coming into operation in the spring/summer of 2025. These homes will be used to assist in attracting physicians who are supporting our regional medical system.



Challenges

- Over the last two years the Finance Department has actively led the deployment of two new software programs for payroll and accounting. The change management aspects of deploying these programs were challenging and the team learned a great deal about the communication challenges in deploying new processes. The results are coming to fruition with efficiencies, cost savings, and access to better data. The Senior Management team can make informed decisions with this data.
- There were many unforeseen delays, but the Real Property Department oversaw the construction of a new storage facility at the airport site. This facility will ensure the organization has a streamlined approach to storage management. This will also initiate the organization of bulk purchasing for cost savings in general.

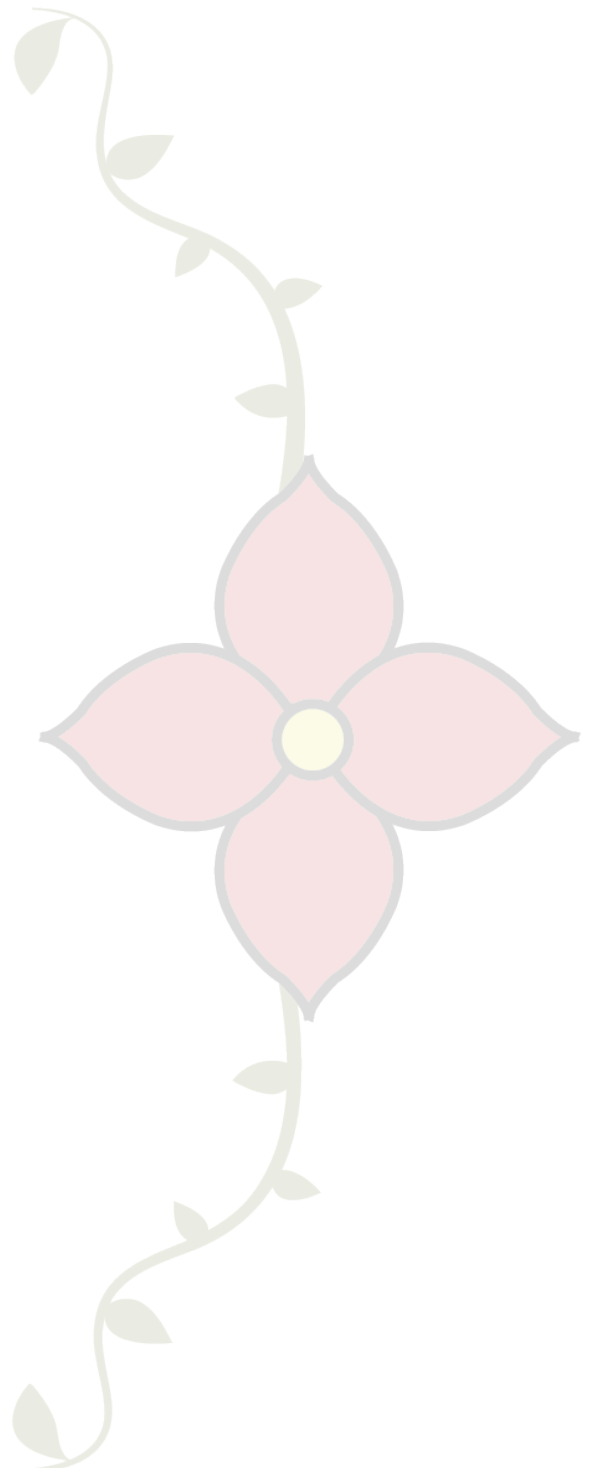
Moving Forward

Going into 2025 and beyond, the Finance and Real Property teams have set goals aligned with the organizational strategic plan. These goals include:

- Delivering a high degree of service and support to both internal and external clients.
- Leveraging Artificial Intelligence (AI) and other forms of advanced technology to streamline and improve service delivery.
- The development of an asset management plan that includes a strategy to ensure all property is managed in a responsible manner.
- Continue to work on the implementation of a backup generator for Jeremiah McKay Kabayshewekamik (Hostel 1). This will ensure the comfort and safety of the hostel's most vulnerable clients.
- Continuing to centralize organizational services. This includes all accounting, procurement, cleaning, and maintenance functions.
- Continue to work toward increasing the number of programs that are

eligible and placed in the NFR Grant framework.

- The development of an organizational Risk Management Framework that includes a process for identifying key risks, logging them, identifying key mitigation strategies, and putting in place a key reporting structure.



Finance

Overview

The Finance Department oversees all core financial functions, including Accounts Payable/Receivable, Payroll, Procurement, Travel, Expense Claims, Risk Management, Insurance, Investments, and Funding Administration. Staff are assigned by specialty and provide cross-functional support to ensure service continuity.

In addition to routine operations, Finance contributes to project management, strategic planning, audit readiness, compliance monitoring, and financial reporting to funders. The team also includes Finance Ambassadors, each aligned with specific departments to strengthen collaboration, build financial capacity, and improve accountability.

Highlights

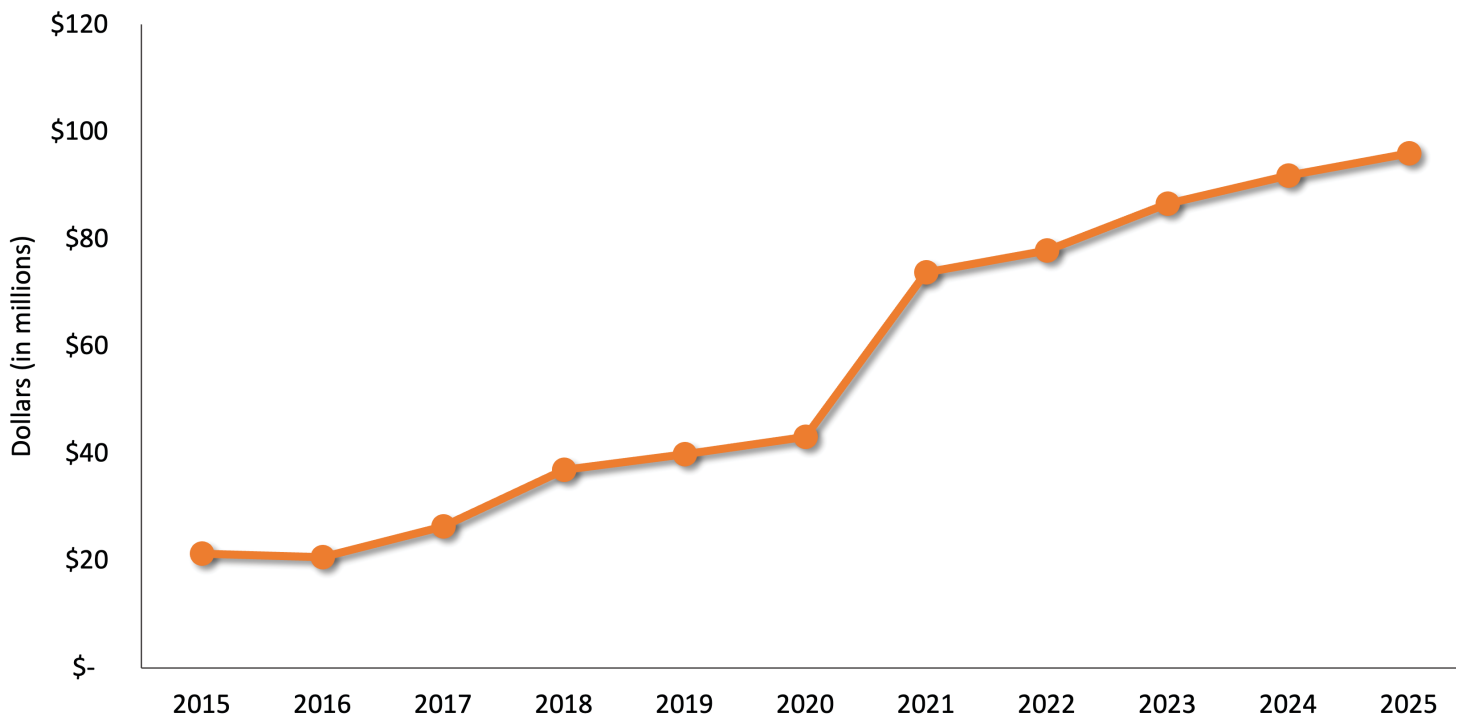
- Centralized finance operations to improve efficiency and eliminate duplication.
- Successfully implemented UKG Pro, integrating payroll and HR functions with enhanced reporting and workflow automation.
- Launched Sage Intacct (cloud-based financial software), including:
 - Integrated Intacct Planning for real-time budget development and reporting.
 - Rolled out Sage dashboards, smart rules, and reporting automation.
- Negotiated a NFR agreement with ISC to enhance flexibility and funding autonomy for key programs, following vetting by the First Nations Financial Management Board for eligibility.
- Developed and implemented a Proposal Tracking & Monitoring system to strengthen grant management and follow-ups.
- Updated finance policies, procedures, and work instructions to support internal controls, standardization, and onboarding.
- Implemented a standardized file-naming system for digital finance documents to improve searchability, reduce duplication, and enhance version control across departments.
- Collaborated on Business Continuity and Succession Planning initiatives across the organization.
- Implemented Gatekeeper software for contract lifecycle management, improving compliance, audit ability, and renewal tracking.
- Expanded competitive procurement by increasing the use of Requests for Proposals (RFPs) while maintaining First Nations business preference.
- Began developing a central inventory system to streamline ordering of consumables and supplies, enabling economies of scale and landed cost allocation to programs.
- Initiated Sage Q&A sessions and Help Desk support to improve user adoption and responsiveness.
- Improved Accounts Receivable processes, including revenue from camp, community health hubs, and vehicle rentals.
- Strengthened payroll delivery and outreach, including on-site support at the hostel.

Finance

Moving Forward

- Keeping up with evolving technology, including AI-driven tools and cloud-based automation.
- Ongoing Sage Intacct releases require continuous configuration and training (2+ releases per year).
- Need for better integration of modules within Sage (e.g., Fixed Assets, Time & Expenses, Dynamic Allocations).
- Ongoing improvement of financial dashboards, reporting templates, and transaction flows.
- Monitoring the effectiveness of implemented changes (naming conventions, help desk, procurement workflows).
- Improving data governance and version control as financial systems become more integrated.
- Applying stringent screening of proposals by funders.
- Managing inflationary pressures caused by unpredictable geopolitical events that affect the global supply chain.
- Recognizing losses in areas such as Thunder Bay Transport and the General Anesthesia Dental Initiative, where the principal funding remains outstanding.

Total Revenue from 2015 to 2025





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, 2025, 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, 2025, 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.

MNP LLP

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MNP.ca

Finance

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 20, 2025

MNP LLP

Chartered Professional Accountants

Licensed Public Accountants

MNP
LLP

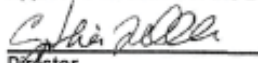
Finance

Sioux Lookout First Nations Health Authority Statement of Financial Position

As at March 31, 2025

	2025	2024
Assets		
Current		
Cash and cash equivalents (Note 3)	38,651,691	40,506,805
Accounts receivable (Note 4)	1,570,116	1,503,618
Prepaid expenses and deposits	544	-
Due from funding agencies (Note 5)	14,205,996	15,854,189
	54,428,347	57,864,612
Due from Sioux Lookout Regional Physician Services Inc. (Note 6)	1,192,627	1,006,476
Tangible capital assets (Note 7)	25,651,706	23,562,058
Collections (Note 8)	15,000	15,000
	81,287,680	82,448,146
Liabilities		
Current		
Accounts payable and accruals	10,613,679	7,412,320
Government remittances payable	968,978	782,616
Deferred revenue (Note 9)	13,923,074	17,817,828
Due to funding agencies (Note 10)	14,365,868	13,616,576
Deferred contributions related to tangible capital assets (Note 11)	1,506,369	1,302,842
	41,377,968	40,932,182
Term loans due on demand (Note 12)	13,890,262	14,645,517
	55,268,230	55,577,699
Commitments (Note 13)		
Contingencies (Note 14)		
Net Assets		
General	13,337,375	17,231,748
Invested in tangible capital assets	10,270,075	7,628,699
Restricted	2,412,000	2,010,000
	26,019,450	26,870,447
	81,287,680	82,448,146

Approved on behalf of the Board


Director


Director

The accompanying notes are an integral part of these financial statements

Finance

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

For the year ended March 31, 2025

	General Fund	Invested in Tangible Capital Assets	Restricted Fund	2025	2024
Revenue					
Indigenous Services Canada	55,223,539	-	-	55,223,539	56,250,736
Ministry of Children, Community and Social Services	3,452,956	-	-	3,452,956	3,971,066
Ministry of Indigenous Affairs	280,739	-	-	280,739	228,500
Ministry of Health	20,120,238	-	-	20,120,238	17,532,220
Other income	10,912,446	-	-	10,912,446	9,719,986
Sioux Lookout Regional Physician Services Inc. (Note 6)	4,701,966	-	-	4,701,966	3,830,588
Amortization of deferred capital contributions (Note 11)	296,473	-	-	296,473	196,473
Change in deferred revenue (Note 9)	5,873,197	-	-	5,873,197	1,632,665
Funder recoveries	(4,932,218)	-	-	(4,932,218)	(1,595,680)
Total revenue	95,929,336	-	-	95,929,336	91,766,554
Expenses					
Administration and internal allocations	(818,564)	-	-	(818,564)	122,933
Advertising, recruiting and promotion	465,167	-	-	465,167	370,996
Amortization	2,629,531	-	-	2,629,531	2,360,508
Automobile	427,795	-	-	427,795	268,559
COVID-19 supplies	-	-	-	-	2,002
Honorariums	129,149	-	-	129,149	88,395
Insurance	773,560	-	-	773,560	637,417
Interest on long-term debt	736,680	-	-	736,680	897,730
Occupancy costs	8,078,156	-	-	8,078,156	5,877,845
Office equipment, materials and supplies	2,570,244	-	-	2,570,244	1,765,218
Professional fees and contractor services	6,474,864	-	-	6,474,864	7,919,429
Program materials, supplies and services	10,691,615	-	-	10,691,615	11,866,358
Repairs and maintenance	1,748,159	-	-	1,748,159	1,534,977
Salaries and benefits	50,905,638	-	-	50,905,638	43,633,611
Travel, training and meetings	11,968,339	-	-	11,968,339	10,179,004
Total expenses	96,780,333	-	-	96,780,333	87,524,982
Excess (deficiency) of revenue over expenses	(850,997)	-	-	(850,997)	4,241,572
Net assets, beginning of year	17,231,748	7,628,699	2,010,000	26,870,447	22,628,875
Change in invested in tangible capital assets (Note 15)	(2,641,376)	2,641,376	-	-	-
Interfund transfer (Note 16)	(402,000)	-	402,000	-	-
Net assets, end of year	13,337,375	10,270,075	2,412,000	26,019,450	26,870,447

The accompanying notes are an integral part of these financial statements

Finance

Sioux Lookout First Nations Health Authority Statement of Cash Flows *For the year ended March 31, 2025*

	2025	2024
Cash provided by (used for) the following activities		
Operating		
Excess (deficiency) of revenue over expenses	(850,997)	4,241,572
Amortization	2,629,531	2,360,508
Deferred capital contributions	(296,473)	(196,473)
Loss on disposal of tangible capital assets	182,624	-
	1,664,685	6,405,607
Changes in working capital accounts		
Accounts receivable	(66,498)	728,320
Due from Sioux Lookout Regional Physician Services Inc.	(186,151)	(674,283)
Due from funding agencies	1,648,193	(7,447,495)
HST recoverable	-	278,812
Prepaid expenses and deposits	(544)	-
Accounts payable and accruals	3,201,362	(205,190)
Due to funding agencies	749,289	43,924
Government remittances payable	186,362	197,819
Deferred revenue	(3,894,754)	(301,983)
	3,301,944	(974,469)
Financing		
Advances of term loans	-	7,785,000
Repayments of term loans	(755,255)	(624,613)
Capital contribution received	500,000	-
	(255,255)	7,160,387
Investing		
Purchase of tangible capital assets	(4,901,803)	(8,902,950)
Decrease in cash resources	(1,855,114)	(2,717,032)
Cash resources, beginning of year	40,506,805	43,223,837
Cash resources, end of year	38,651,691	40,506,805

The accompanying notes are an integral part of these financial statements

Real Property

Overview

The Real Property Department manages the operation and maintenance of all SLFNHA owned and leased properties in Sioux Lookout, Thunder Bay, and remote First Nations communities. SLFNHA owns, leases, and manages buildings used for administration, health services, camp programming, and client accommodations.

SLFNHA also operates six Community Health Hub buildings in six remote First Nations communities. The department is also responsible for managing several temporary employee housing units in Sioux Lookout.

Highlights

- Two Community Health Hub buildings were opened for operational use in the communities of Nibinamik and Mishkeegogamang this past fiscal year.
- The Community Health Hub for Sandy Lake First Nation was delivered via the winter road in March 2025, with the anticipated opening in summer 2025.
- Building materials for the Community Health Hub in North Caribou First Nation were delivered in winter 2024. Construction is expected to begin in June 2025.
- The Property Program implemented a formal reservation system for all remote Community Health Hubs and vehicle rentals.
- Onaman Ziibi Camp received a new water system.
- In September 2024, a new modular Traditional Healer Lodge was delivered to Onaman Ziibi Camp. The lodge offers additional space for conducting ceremonies and hosting events for the SLFNHA Anishinaabewadiziwin program.
- The Property Team worked with a private contractor to build a new 5,000-square-foot storage facility at 18 Airport Road. The building is expected to open in May 2025.
- The Property and Client Services departments worked with MCW Consultants to complete the preliminary design phase for a backup generator system for JMK Hostel 1.
- SLFNHA leased a building at 60 Front Street, completing renovations in June 2024. The Information, Technology, and Communications Department has since relocated to this space.
- In June 2024, the Property Department successfully hired a full-time Property Supervisor.
- SLFNHA acquired a five-plex at the former zone hospital site. Renovations are underway on both the interior and exterior. Once complete, the five-plex will provide stable accommodations for physicians travelling to Sioux Lookout and into communities to deliver services.

Moving Forward

- The Real Property Team is currently researching capital asset management software for the Property Program and Hostel 1 operations. This will help with both short- and long-term planning for inventory tracking and capital asset management.
- The department also plans to implement a capital asset management plan to ensure assets are properly maintained and preventative maintenance is carried out on a regular basis.

Real Property

Community Health Hub Build in Nibinamik First Nation



Real Property

Community Health Hub Build in Nibinamik First Nation





Vice President, Regional Services **Message**

Monica Hemeon

I would like to begin by thanking all the staff and leadership at SLFNHA, the Board, the communities, and my fellow Executive team members for their hard work and perseverance over the past year. Miigwetch.

Over the past year, we have faced many challenges and changes, including rising numbers of clients needing accommodation, transportation concerns in Thunder Bay and Winnipeg, lack of transportation coordination from Non-Insured Health Benefits (NIHB), staffing shortages, leadership transitions, and departmental restructuring. Most importantly, we met these challenges with resilience. As a result, our services have expanded and strengthened, and I am excited to continue building on this momentum throughout the 2024–2025 fiscal year.

The Client Services Department (CSD) has worked hard to ensure consistent and improved services for clients and communities. With all three hostels in Sioux Lookout operational, clients have benefited from expanded accommodations. New initiatives include a long-term stay unit at Mashkikii Odanohkiik Kabayshewekamik, and an activity room at Niyanan Nengo Saaga'iiganiinwinwag Kabayshewekamik. CSD continues to provide transportation services in Thunder Bay and is exploring the creation of a much needed hostel there as well.

The Services Department has faced many

challenges—staffing shortages, increasing accommodation requests, funding concerns from ISC, and the pressures of growth and expansion. Despite these challenges, the department remains committed to ensuring that client needs are addressed.

The Health Benefits & Client Support (HBCS) department, created last year, continues to help clients navigate NIHB services, oversee the Menoweecheeeway Patient Navigator Program, and support clients in accessing care. This year, the dental program was added under HBCS department to provide much-needed dental services. The Patient Navigation Program has expanded with offices in Winnipeg, Sioux Lookout, and soon Thunder Bay, with navigators guiding and advocating for clients.

The People & Culture – Human Resources (HR) team has focused on policy updates, recruitment, and retention. They are also leading initiatives to promote First Nation employment and capacity building. SLFNHA currently employs 639 people, 42% of whom are First Nations. To support future growth, HR has hosted career outreach events and a Health Careers Camp at Onaman Ziibi, introducing youth to opportunities in health care.

The team has updated organizational policies, implemented the new UKG learning management system to streamline training, and supported succession planning. While recruitment remains a challenge, HR continues to strengthen

First Nations capacity building and support SLFNHA staff and communities.

The Anishinaabewewaadziwin (Way of Life) Department provides culturally relevant services rooted in Indigenous knowledge. The team of knowledge keepers, Elders, and practitioners delivers education, cultural training, traditional healing, and wellness support. They continue to build relationships with SLFNHA communities and external partners, strengthening cultural knowledge-sharing.

The Information, Communication, and Technology (ICT) team has been busy with initiatives to improve health records management, data quality, system interoperability, and privacy. They also strengthened internal communications, intranet systems, audio-visual (AV) services, and organizational security. With restructuring, Communications will now fall under the President & CEO – SPPQ Team, while Information Technology (IT) and Health Information (HIT) will be under the VP of Finance & Corporate Services.

I would like to thank all staff for their dedication to our clients and communities. Your hard work and commitment have not gone unnoticed.



Anishinaabewaadiziwin

Overview

Guided by Anishinaabe history, values, protocols, and practices, Anishinaabewaadiziwin (Way of Life) plays a key role in SLFNHA's vision of Resilient and Healthy Nations. This is achieved by integrating culturally relevant and sensitive First Nations traditions and practices throughout all SLFNHA departments.

Anishinaabewaadiziwin brings together Indigenous ways of being and knowing by honouring and respecting the traditions and cultures of the communities SLFNHA serves. It protects and promotes their sacred teachings, beliefs, and values through:

- Wholistic traditional healing services.
- Wellness support services.
- Culture and language education services.
- Culturally responsive professional development services.

Services include:

- Mental Health First Aid
- Returning to Spirit
- Roots to Reconciliation
- Wiichiweewinan (Knowledge Transfer)
- Client Support, Cultural Activities, and Skill Building
- Medicine Gathering

Anishinaabewaadiziwin demonstrates a strong commitment to Indigenous leadership (Okimaa-owin). It is First Nations-driven and built on the strength of our team members, who bring a wide range of experience, knowledge, and expertise. Our work spans multiple western knowledge systems and includes, but is not limited to, social services, education, administration, and child and family services.

Team members include:

- Director
- Manager
- Analyst
- Program Assistant
- Traditional Wellness Practitioner
- Traditional Healing Support Assistant
- Traditional Healing Practitioner
- Indigenous Liaison Worker
- Cultural Support Workers (2)
- Healing and Wellness Coordinator
- Cultural Wellness Coordinators (2)



Anishinaabewaadiziwin

Highlights

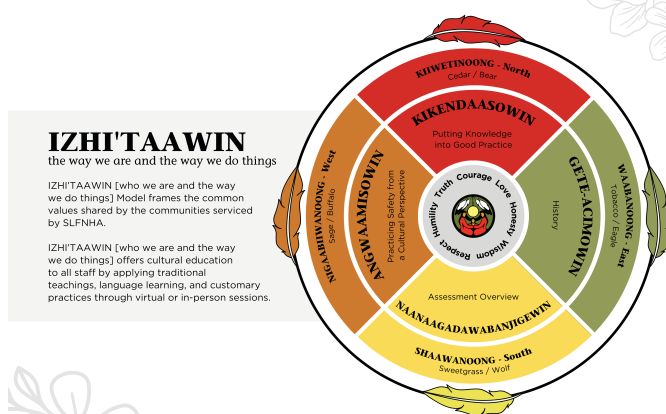
- Completed Phase Two and partially implemented Phase Three of the Anishinaabewaadiziwin project plan.
- Built a team of traditional knowledge keepers, Elders, and practitioners, along with additional human resources to provide technical support in various areas.
- Delivered cultural and educational sessions to all SLFNHA staff through virtual Chakaatay Cultural Sessions and departmental professional development opportunities. Topics included knowledge transfer, lived experiences, and teachable moments rooted in Indigenous ways of being.
- Provided traditional and cultural support to SLFNHA departments to help deliver culturally relevant and sensitive services to the communities we serve.
- Engaged in outreach with organizations outside of Anishinaabewaadiziwin's immediate network, as well as with SLFNHA communities. These efforts raised awareness, created partnerships, and supported knowledge sharing based on Indigenous values of reciprocity and respect.
- Fostered continuous learning by encouraging staff to participate in professional certification programs. This specialized training strengthened our ability to design, deliver, and sustain services that support SLFNHA's mission to transform the health of Anishinaabe people across Kiiwetinoong.

Staff Professional Development Achievements

- Mental Health First Aid Training
- Advanced Wilderness First Aid Training
- In-Community Land-Based Training
- Ontario Boating License Course
- Indigenous Helper Wellness: Building Skills for Self-Care
- Naloxone Training
- Indigenous Doula Training
- Matawa Waka Tere: Indigenous Language Revitalization
- Building Good Relations: Essential Counselling Skills for Helpers
- Trainer Development for Returning to Spirit Facilitation

Community Events and Initiatives

- Grand Opening of Niwiininaake-kamik (Four Directions Lodge) – In partnership with Onaman Ziibi, this facility offers access to all SLFNHA amenities and learning spaces, and provides cultural supports, gatherings, and ceremonies.
- Kiiwe Minoyaawin: Return to Wellness Wholistic Camp – Honours and integrates traditional Indigenous cultural practices into a therapeutic environment, providing opportunities for families to reconnect with the land and each other while addressing personal and family challenges.



Anishinaabewaadiziwin

- Grounded in the wisdom and teachings of the Anishinaabe, Anisininew, and Ininew peoples, this work reflects the principles of cultural revitalization as the foundation for wholistic healing, fostering stronger individuals, families, and communities.

Traditional Ceremonies

- Smudging, drum circles, and storytelling led by Elders and knowledge keepers.

Medicine Walks

- Learning about traditional medicinal plants and their healing properties while exploring the land.

Cultural Workshops

- Beadwork, traditional crafts, language revitalization, and Indigenous parenting.

Elder and Youth Activities

- Generational learning opportunities such as Elder-led teachings and youth-led cultural demonstrations.

Family Bonding Exercises

- Team-building games and activities that strengthen family communication and cooperation.

Feasts and Community Meals

- Sharing traditional foods and teachings about Indigenous food sovereignty.

Land-Based Activities

- Outdoor activities such as canoeing, archery, and fishing to reconnect with nature.

Challenges

Anishinaabewaadiziwin has faced challenges in coordinating its services due to increasing demand and limited team availability.

To address this, the team implemented new coordination strategies, developed specialized internal processes, and created tracking systems to monitor achievements and goals throughout the fiscal year.

Demand for activities and educational supports often exceeded resources. The team responded with innovation and resourcefulness, successfully developing a detailed fiscal work plan to align land-based and cultural activities with seasonal cycles of harvesting, gatherings, and other cultural practices.



Anishinaabewaadiziwin

Moving Forward

Anishinaabewaadiziwin remains dedicated to its commitment: Cultivating healthy environments for clients and communities. This commitment is upheld through the consistent application of traditional healing and wellness practices, protocols, and supports.

Our methods are deeply rooted in Indigenous spirituality and guided by the principles of respect, compassion, trust, love, and fairness.

The Anishinaabewaadiziwin Team



Niiwininaake-kamik (Four Directions Lodge) at Onaman Ziibi

Health Benefits & Client Support

Overview

HBCS works to ensure quality services for First Nation members as they navigate the NIHB Programs.

Highlights

We established a SLFNHA led NIHB Technical Table made up of representatives from Tribal Councils and Independent First Nations. This group meets to share information on issues and challenges, and to provide opportunities for receiving information or education on existing programs.

SLFNHA's Meno Weecheeheeway Patient Navigators provide guidance and support to First Nations clients who must leave their homes and families to access health care that may not be available in their community. Advocacy services are also available to help remove barriers to care by identifying critical resources and helping clients navigate health care services and systems. Meno Weecheeheeway means "Good Helper" in Anishinaabemowin.

Services include:

- Investigating incidents, concerns, and complaints.
- Resolving issues with internal and external agencies.
- Liaising on NIHB issues between health care providers, patients, and families.
- Helping clients communicate with their health care providers so they can make informed decisions about their care.
- Interpreting between Ininew, Anishininew, Anishinaabe, and English.
- Providing resource sharing.
- Supporting clients in navigating ISC-NIHB benefits such as Medical Transportation, Vision, Dental, Pharmacy, Medical Supplies & Equipment, and Mental Health Counselling.
- Maintaining a digital resource library with regularly updated information.
- In 2023–2025, we provided 2,141 primary services, 802 secondary services, and responded to 333 after-hours calls.

Moving Forward

We continue to work with ISC-NIHB Medical Transportation team in Sioux Lookout to advocate for clients and act as an intermediary on their behalf.

Staff		
4	3	3
Sioux Lookout	Thunder Bay	Winnipeg

Information Communication Technology

Overview

In 2024–2025, the ICT Department—which includes IT, Communications, and HIT—advanced SLFNHA’s digital transformation through major improvements in infrastructure, security, communications, and data systems.

The IT team modernized networks, enhanced cybersecurity, upgraded telecom systems, and developed custom tools to streamline operations. Communications strengthened internal and external engagement through intranet improvements, expanded digital media services, and consistent messaging via social media, publications, and video projects. HIT improved data quality, secured funding for initiatives such as CANImmunize, and enhanced system interoperability through integrations with provincial platforms and privacy tools.

A key milestone was the creation of SLFNHA’s AI Governance Committee, which began developing policies to ensure the ethical and secure use of AI in both administrative and clinical contexts.

Highlights

IT

The IT department advanced security, infrastructure, and system modernization through initiatives such as asset management, patch management, vulnerability detection, and more stable wireless networks. Wireless Local Area Network (WLAN) connectivity was upgraded at remote sites, including camp facilities, and Darktrace was deployed for real-time monitoring across endpoints, emails, and networks.

IT also took on several critical infrastructure projects, including door security system installations, new network cabling, and telecom improvements. Legacy systems were transitioned to Microsoft Teams, and Avaya systems at Hostel 1 and Niyanan Nengo Saaga’iiganiwinwag Kabayshewekamik (Hostel 2) were replaced with ClearClouds. To reduce costs, SLFNHA switched mobile service providers from Telus to Bell. The team also supported network setup in new Health Hub buildings.

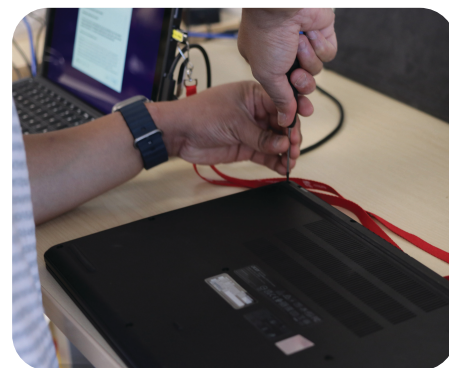
Operational needs were supported through secure file transfer (SFTP) integrations between Mustimuhw Information System (MIS) and SPHER, migration of the legacy Client Information Management System (CIMS) database to a new web-accessible platform, and development of a new SRFax downloader to improve fax retrieval reliability.

Communications

The Communications department led a wide range of initiatives to improve outreach, internal communications, and organizational visibility. A major focus was enhancing SLFNHA’s digital tools, including work on a stronger intranet system and a plan for centralized digital asset management to support content reusability across programs.

Media and public engagement grew through expanded audio-visual (AV) services. Structured pricing and intake processes were introduced for internal video and multimedia production, and a formal social media strategy was created to ensure consistent messaging across platforms. The website received regular updates and formatting enhancements.

Otipacimo, SLFNHA’s seasonal newsletter, continued to share timely and relevant stories, while partnerships with Human Resources produced testimonial videos to support recruitment and engagement. Publications such as the CSD booklet were transformed into accessible, narrated digital formats. Throughout the year, Communications maintained high standards for consistent messaging across all channels and departments.



IT at Work

Information Communication Technology

HIT

HIT focused on improving data quality, privacy, and interoperability. A major achievement was the development of the Filing Cabinet MVP—a centralized tool to improve access to client data and coordination of care. The team also conducted targeted data-entry cleanup to improve accuracy across systems.

Funding was secured for CANImmunize to advance digital immunization records. A policy and procedure manual was created to formalize HIT processes and governance. The team also enhanced system interoperability through ConnectingOntario ClinicalViewer, enabling clinicians to access consolidated patient data. Privacy monitoring integration between SPHER and MIS was established to strengthen data protection.

Moving Forward

Despite these achievements, the ICT Department faced challenges in 2024–2025. Staff turnover in IT, Communications, and HIT disrupted project continuity, extended timelines, and placed strain on resources. Departing team members took with them valuable institutional knowledge, increasing the need for onboarding, cross-training, and knowledge transfer.

In IT, implementing complex systems—from cybersecurity platforms to telecom infrastructure—was hindered by limited staffing capacity. Communications experienced delays in media production and strategic planning during staff transitions. In HIT managing privacy-sensitive integrations became more difficult due to team changes.

These challenges highlighted the importance of strong documentation, succession planning, and long-term workforce development to sustain SLFNHA's digital growth and innovation.

Network	2024	2025	Growth (%)
Facebook	5000	6091	+ 21.82%
X (Twitter)	531	534	+ 0.56 %
LinkedIn	4437	4887	+ 10.14 %

Find SLFNHA on all our Socials

DISCOVER PAST LIVE STREAMS, WATCH HEALTH PROMO VIDEOS, STAY
UPDATED ON UPCOMING EVENTS, AND MORE AS WE SUPPORT FIRST
NATIONS ON THEIR PATH TO WELLNESS



@SLFNHAComms



@slfnha



Sioux Lookout First Nations
Health Authority



Sioux Lookout First Nations
Health Authority

SPECIAL CHIEFS & ELDERS MEETING
Weedanohkeemetowin

Anishnaabewaadiziwin
& Onaman Ziibi
WOMAN'S WELLNESS WEEKEND
Heal Your Life Workshop
With Esther Mckay

Reduce Smoke Exposure

Remain indoors with doors and windows closed as much as possible.

Reduce playing or exercising outdoors.

If you must work outside, look for ways to reduce physical activity and heavy breathing, and take regular breaks indoors.

SLFNHA Wiindamekewinan
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SLFNHA Radio Connect
Building strong connections with communities by sharing who we are, how we can help, and the services we offer.

CARRIE LYON
ANISHINAABEWAADIZIWIN
SEASON 1: EPISODE 4

JULY 7 - 1:00 PM CST

People & Culture - Human Resources

Overview

The People & Culture – HR team is made up of 11 staff members who support employees and leadership across the 33 communities we serve. Our services include: Talent Management and Recruitment, Compensation and Benefits, Training and Development, Health and Safety, Employee Relations, and Performance Management/Consulting.

SLFNHA has 639 active employees, more than 42% of whom are First Nations. Our Client Services team is staffed with over 60% First Nations employees. We have more than 700 positions across the organization, with many new and expanding programs. Over the past year, we have increased both the number of First Nations employees and our overall workforce.

Highlights

Recruitment

- In the 2024–2025 fiscal year, we hired 141 new employees and filled 54 vacant positions. We continue to adjust our recruitment strategies, using platforms such as Facebook (including First Nations community-based channels), LinkedIn, Wawatay Radio, and Indeed. We attended more than 24 community and employment events and signed a Memorandum of Understanding (MOU) with Seven Generations to provide students with placement and practical experience. Key initiatives included the Health Careers Camp (August 11–15) and the First Nation Leadership program. We also supported 16 First Nations students through the SLFNHA Bursary Program.

UKG Pro HRIS

- We completed the rollout of the UKG Pro HRIS across the organization to streamline payroll and people operations. In 2024–2025, we implemented modules for recruiting, onboarding, compensation management, and learning.

Improved Systems Development

- We continue to review and improve HR systems and processes. Major updates include enhancements to the provincial Health and Safety program, improved decision-making data, and consistent naming conventions. We also introduced the HS Global Employment Survey to support quality improvement efforts.

Training and Development

- The new UKG Learning Management System (LMS) has improved self-service course registration, organization-wide calendar integration, and access to training. In 2024–2025, staff logged 920 hours of training over 223 visits to the Learning Pad. Internal instructors delivered courses including Standard First Aid/CPR/BLS, Mental Health First Aid, and workplace-focused training such as Preventing Sexual Harassment in the Workplace, Lateral Violence to Lateral Kindness, and Joint Health & Safety Committee Certification. We also conducted a training needs survey with senior management to guide future program development.

Wellness and Recognition

- We hosted wellness and recognition events, including the annual Service Excellence Awards, Years of Service celebrations, and activities such as a BBQ, golf tournament, holiday party, and curling bonspiel. Prize draws and an increased Fitness Reimbursement Program further supported employee wellness.

People & Culture - Human Resources

Challenges

Recruitment / First Nations Employment and Capacity Building

- Recruiting and retaining health human resources remains a challenge locally and nationally. We are developing initiatives to bring positions closer to communities and, when possible, staff them with local members. We are refining communication outreach and creating educational programs to support recruitment for key roles such as Mental Health Workers and Administrative Assistants.

Succession Planning and Leadership Development

- We are advancing Critical Role Talent Mapping and First Nations employee development to recruit, retain, and develop key candidates for leadership and specialized roles, ensuring workforce sustainability.

HR Systems

- We continue to enhance systems and policies to ensure cultural appropriateness and best practices. Accreditation preparation and HR analytics from our HRIS, combined with survey data, will strengthen operations.

UKG Pro HRIS

- We are optimizing our HRIS capabilities, including advanced reporting, analytics, automations, and feature upgrades.

Moving Forward

- Support organizational accreditation by aligning HR practices with accreditation standards and readiness requirements.
- Develop a Strategic Human Resources Plan to support organizational growth, align workforce planning with future needs, and guide HR priorities.
- Build on First Nations employment and capacity-building initiatives to increase workforce representation.
- Expand staff wellness and development programs to support a growing work environment and enhanced service delivery.

42%



Of SLFNHA's workforce identifies as First Nations



639

Active Employees
at SLFNHA



700

Positions



20

Offices

Client Services

Overview

In March 1993, the Nishnawbe Aski Nation (NAN) Chiefs (Resolution 93/16) directed the creation of a coordinated communication system to ensure organizations could work together to deliver services in partnership with SLFNHA. SLFNHA developed a comprehensive CSD Proposal, which was approved by NAN (Resolution 94/67) on November 30, 1994, for submission to the Medical Services Branch for negotiation. The proposal was submitted in January 1995, approved in the summer of 1995, and implemented that September.

CSD provides non-medical accommodation services for First Nations clients travelling to Sioux Lookout and other urban centres for medical appointments. Services include accommodations, meals, ground transportation, client advocacy, hostel support, and utilizing our own Meno Weecheeeway Patient Navigators.

Client Services Facilities

Jeremiah McKay Kabayshewekamik (Hostel 1) - 56 rooms (94 beds)

Jeremiah McKay Kabayshewekamik is a 100-bed facility that opened in February 2011. It is named after Jeremiah McKay, a respected member of Kasabonika Lake First Nation and a passionate advocate for health care. “Kabayshewekamik” means “a place of rest” in the Anishinaabe language.

Niyanan Nengo Saaga’iiganiwinwag Kabayshewekamik (Hostel 2) - 60 rooms (120 beds)

In 2019, SLFNHA acquired the former Days Inn Hotel and opened Niyanan Nengo Saaga’iiganiwinwag Kabayshewekamik Kabayshewekamik. The name honours five individuals from Sandy Lake who travelled to Sioux Lookout in 1988 to begin a hunger strike, bringing attention to the decades-long lack of health services for Indigenous communities.

Mashkikii Odanohkiik Kabayshewekamik (Hostel 3) - 59 rooms (88 beds)

In summer 2023, SLFNHA acquired a third facility, formerly the Best Western/Sioux Inn and Suites, now operating as Mashkikii Odanohkiik Kabayshewekamik. The name recognizes the health ambassadors in First Nations communities.

Total capacity: 302 beds

Highlights

- Creation of the Transportation Manager position.
- Coordinating with Sioux Lookout and Thunder Bay transportation departments.
- Dispatch coordination in Sioux Lookout.
- Managing client discharges in Sioux Lookout and Thunder Bay.
- Providing airport interpreters at Sioux Lookout Airport.
- Supporting families during childbirth at Hostel 1.
- Establishing the first long-term stay room at Hostel 3 for families with extended medical stays.
- Extended Stay and Activity Room – Hostel 2.

Client Services

- A larger space for families to eat, play, and spend time together.
- Activities for children and adults, including games, a ball pit, a quiet area for new parents, and video games.
- Flexible use for alternative clinic space or meetings.
- Elders' beading area with a boardroom-style table.

Thunder Bay Transportation Services

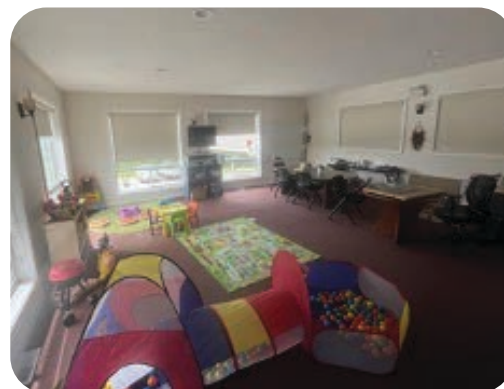
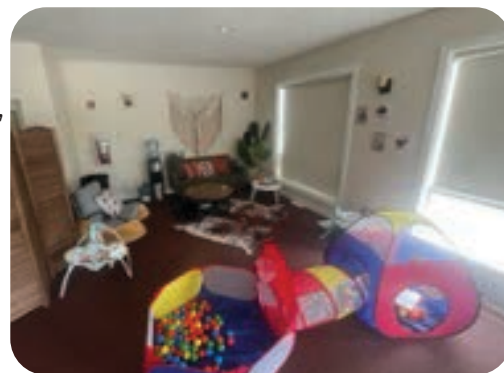
Established on April 1, 2024, following a resolution by Chiefs, this department supports clients from SLFNHA communities attending medical appointments in Thunder Bay. The team is made up entirely of First Nations employees.

Current resources:

- 5 vans
- 3 full-time dispatch workers
- 10 full-time transportation drivers

Moving Forward

- Increase First Nations staff representation from 50% to 70%.
- Provide all required training and licensing to new hires.
- Continue cultural awareness training for all frontline staff.
- Upgrade hostel security features, including cameras, visitor check-in procedures, and swipe-card access.
- Equip the security department to deliver in-house training programs (Train the Trainer).



Activity Room at Hostel 2

2024-2025 Stats	
Calls for pick-up through CSD Dispatch	20,169
Clients Transported	35,390
Total trips	20,177

Client Services

Security

Overview

CSD Security provides safety and security services 24 hours a day, 7 days a week, for all clients traveling from northern communities to attend scheduled medical appointments in Sioux Lookout. The security team provides coverage across all three hostel locations:

The department is led by one Supervisor and currently includes 30 security personnel—22 full-time and 8 casual employees.

Of the full-time staff, 11 are First Nations, representing 50% of the department's full-time workforce. 1 casual employee is First Nations as well.

Highlights

Wellness Checks

Security staff, along with other hostel staff, conduct wellness checks twice daily—once in the morning and once in the evening. These checks are important for ensuring clients' safety, comfort, and overall well-being. During each check, clients are asked if they need anything, such as help with appointments, meals, transportation, or advocacy support.

The Security Department works closely with a variety of partners, including:

- SLMHC
- Northern Clinic
- Nodin Mental Health
- Ontario Provincial Police (OPP)
- Tikinagan Child and Family Services

Training

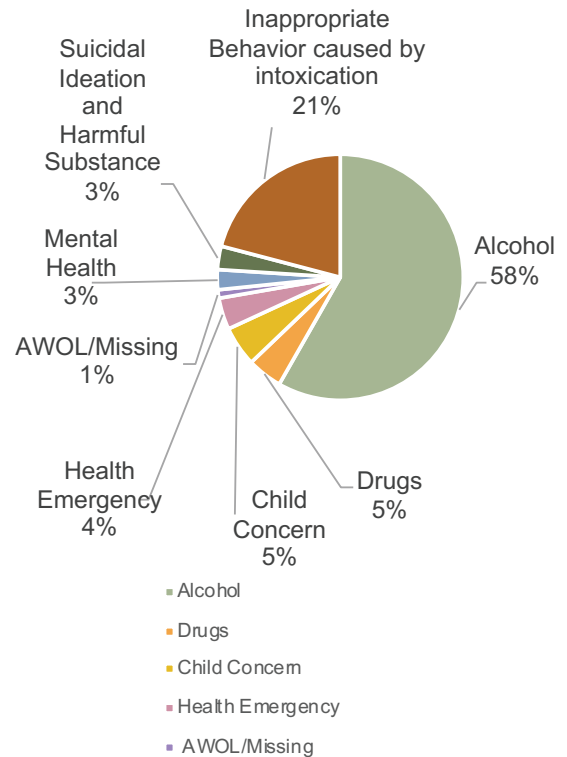
All security staff receive ongoing training in a variety of areas, including:

- Cultural Awareness
- First Nations Mental Health First Aid
- Non-Violent Crisis Intervention
- First Aid and CPR
- Naloxone Administration
- Safe Needle Pick-Up
- A.S.I.S.T. (Applied Suicide Intervention Skills Training)
- Compassion Fatigue
- Basic Security Procedures

Client Services

Moving Forward

- Increase First Nations representation among staff from 50% to 70%.
- Provide all necessary training and licensing to successful applicants after hiring.
- Continue to offer Cultural Awareness Training to all frontline staff.
- Upgrade security features in hostels, including camera equipment and placement, visitor check-in procedures, and swipe-card access for clients.
- Develop the ability to provide in-house training programs within the Security Department (Train the Trainer initiative).



Month	Alcohol	Drugs	Child Concern	Health Emergency	AWOL/Missing	Mental Health	Suicidal Ideation and Harmful Substance	Inappropriate behaviour caused by intoxication	Total
April	177	16	18	10	0	12	10	44	287
May	226	17	20	15	3	4	4	64	353
June	250	23	28	23	10	7	5	100	446
July	127	6	16	7	0	4	10	48	218
August	198	9	23	12	5	8	17	74	346
September	232	17	28	13	5	7	9	81	392
October	242	24	25	25	5	21	14	92	448
November	204	20	15	18	4	12	15	88	376
December	190	9	15	12	1	14	12	79	333
January	293	23	14	22	6	14	15	100	487
February	210	21	13	9	5	5	13	69	345
March	244	20	19	19	4	9	13	92	420
Total	2593	205	234	185	49	117	137	931	4451

Client Services

Housekeeping

Overview

Housekeeping staff are responsible for ensuring all hostel areas are clean, safe, and welcoming for clients. Duties include:

- Cleaning and deep-cleaning rooms after checkouts.
- Changing bedding and blankets.
- Providing fresh towels and toilet paper.
- Changing bedding for clients staying in the hostel.
- Dusting, spot-cleaning furniture, sweeping, and mopping floors.
- Cleaning windows, windowsills, and baseboards.
- Collecting garbage and wiping down garbage cans.
- Cleaning and disinfecting all surfaces in washrooms.
- Washing all sinks and shower stalls.
- Cleaning the lobby area daily.
- Spot-cleaning walls, doors, and doorframes.
- Vacuuming hallways, stairwells, and mopping floors.
- Washing walls in hallways on the first and second floors.
- Sweeping and mopping lobby areas.
- Cleaning all public washrooms.
- Cleaning all offices.

Highlights

Housekeeping staff receive ongoing training in:

- Housekeeping Procedures
- Cockroach Awareness
- Bed Bug Awareness
- WHMIS (Workplace Hazardous Materials Information System)
- MSDS (Material Safety Data Sheet) Procedures

Moving Forward

- Keep clean linens covered during storage and transport to prevent contamination.
- Conduct regular fogging and disinfection of rooms.
- Perform routine bed bug inspections.

Client Services

- Block rooms that do not pass hygiene inspections.
- Carry out regular deep-cleaning of all rooms.
- Replacing sharps containers as needed.
- Promoting needle awareness and safe disposal methods.
- Posting caution signs when floors are wet.
- Safely handling chemicals in compliance with MSDS and WHMIS standards.



Rooms at Hostel 1 and 2

Client Services

Laundry

Overview

- Collect and sort linen, including pre-spraying when necessary.
- Restock housekeeping carts and storage rooms.
- Fold and organize clean laundry.
- Maintain the laundry room and surrounding work area.
- Track and record inventory of detergents and other supplies.
- At the start of each shift, collect dirty linen from laundry baskets on all floors.
- Sort dirty linen by fabric type, color, and degree of soiling.
- Pre-treat linen with the appropriate stain remover.
- Load the washer with the correct amount of linen, select the appropriate wash cycle, and operate the machine.
- Transfer clean laundry to the dryer room.
- Place the correct amount of laundry in the dryer and select the appropriate drying cycle.
- Remove dried linen, place it on the folding table, and fold it to prevent wrinkles.
- Store folded linen on designated shelves in labeled areas.

Highlights

Categorization

- Items are grouped by type, usage, and condition to improve tracking and organization. Laundry detergents and supplies are stored together in one easily accessible location for staff.

Tracking

- Records are maintained for detergents, pre-treatment products, and the condition of laundry items. Inventory sheets are stored in labeled folders for each hostel.

Inventory Management Techniques

- Strategies such as Just-in-Time (JIT) ordering are used to minimize inventory levels and reduce costs. Supplies are ordered as needed to maintain efficient laundry.

Process

- Orders are placed with the supplier as close as possible to the time the product is needed, reducing costs and waste.

Demand Forecasting

- Future needs are predicted to ensure sufficient stock levels.

Client Services

Reorder and Replenishment

- An efficient communication system is in place to reorder and restock detergents and supplies when necessary.

Inventory Optimization

- Inventory levels are reviewed regularly and adjusted to meet demand while minimizing waste.

Monthly Stats 2024 - 2025	Hostel 1 Stats (lbs)
April	24,336
May	22,568
June	23,095
July	20,941
August	19,285
September	18,055
October	21,603
November	24,905
December	23,393
January	23,709
February	22,599
March	24,727
Total	269,216

Monthly Stats 2024 - 2025	Hostel 2 Stats (lbs)
April	6,865
May	6,543
June	11,952
July	9,450
August	8,365
September	7,950
October	9,030
November	7,820
December	7,820
January	10,729
February	11,375
March	12,560
Total	111,134

Monthly Stats 2024 - 2025	Hostel 3 Stats (lbs)
April	8,065
May	14,375
June	10,135
July	10,135
August	13,220
September	14,190
October	16,143
November	14,545
December	10,295
January	11,892
February	11,834
March	15,756
Total	150,585

That's 500,000 lbs of laundry!



2 - 45 Lb Industrial Wascomat Washer's
at Hostel 3



Laundry Room at Hostel 2

Client Services

Data Entry

Overview

Team Structure

- 4 Data Entry Clerks
- 1 Data Entry Manager

Responsibilities

- Ensure accurate billing for all client stays funded by ISC and other funding sources.
- Manage data related to client admissions, discharges, and other records.

Highlights

Commitment to Client Privacy

- All personal and medical information shared by guests is handled with the highest level of confidentiality.

Access Control

- Only authorized staff have access to client data to ensure the secure handling of sensitive information.

Staff Training

- Data entry staff receive regular training on privacy protocols, confidentiality standards, and proper handling of client records.

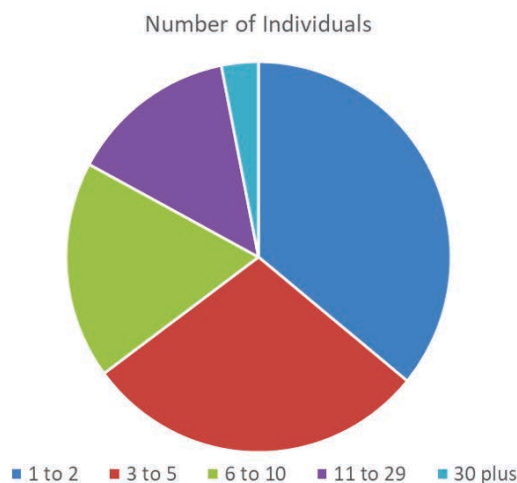
Consistent Standards

- The same privacy and confidentiality measures are applied whether clients stay in a hostel or a hotel.

Ethical Responsibility

- Protecting client information is a core value and an essential part of providing respectful and secure accommodation services.

Total Billed	Category Total
ISC	36,804
Add Ons 2024-2025	15,283
Add Ons 2023-2024	21,403
Jordans Principle	3,226
Total	78,716



Number of Individual versus Length of Stay

Client Services

Accommodations

Overview

Staffing

- The Accommodations team consists of 29 members covering all three Kabayshewekamiks. This includes 15 full-time and 14 casual employees. The department operates 24 hours a day.

Client Care

- We provide care for 33 First Nation clients from remote and isolated communities. Our goal is to offer a safe, welcoming environment while clients are away from home for medical care. We ensure they receive all necessary information about transportation, accommodations, and translation services.

Airport Triage

- The first client interaction takes place at the airport, where an accommodation clerk provides guidance and directs clients to their assigned hostels. The triage program supports elders, as well as clients with chronic illnesses, disabilities, and prenatal care needs, helping them get situated quickly upon arrival.

Client Wristbands

- At check-in, clients receive wristbands showing which of the three hostels they are assigned to. This helps coordinate transportation, meals, and accommodations.

Highlights

- Stationing an accommodation clerk at the airport has significantly improved efficiency by eliminating extra trips between the airport and hostels.
- When clients are discharged and ready to travel home, they receive a discharge slip. This slip is returned to Dispatch, who then faxes it to Discharge for travel. Discharge sends an email confirmation back to Dispatch once travel arrangements are finalized.



Reception desk at Hostel 1

Client Services

Dietary

Overview

We provide three nutritious meals daily, along with a variety of snack options available throughout the day.

Daily Meals

- Breakfast, lunch, and dinner are served at set times to ensure consistent access to healthy food.

Snacks

- Guests have access to snacks between meals.

Dietary Accommodations

- We cater to specific dietary needs, including allergies and medical diets.

Cultural Sensitivity

- Traditional foods are occasionally offered to respect and honour the cultural practices of the communities we serve.

Daily Meal Service

- Breakfast: 7:00 a.m. – 9:00 a.m.
- Lunch: 12:00 p.m. – 2:00 p.m.
- Dinner: 5:00 p.m. – 7:00 p.m.

Meals are served in the dining area located next to the main reception.

Highlights

Specialized Diets and Traditional Meals

- We provide meals tailored to specific dietary needs, such as low-sodium, diabetic, and hypertension-friendly options. Traditional meals are occasionally served to reflect and respect cultural traditions.

Balanced Nutrition

- Menus include a variety of fresh fruits, vegetables, lean proteins, and whole grains to ensure balanced, nutritious options for all guests.

Ongoing Monitoring

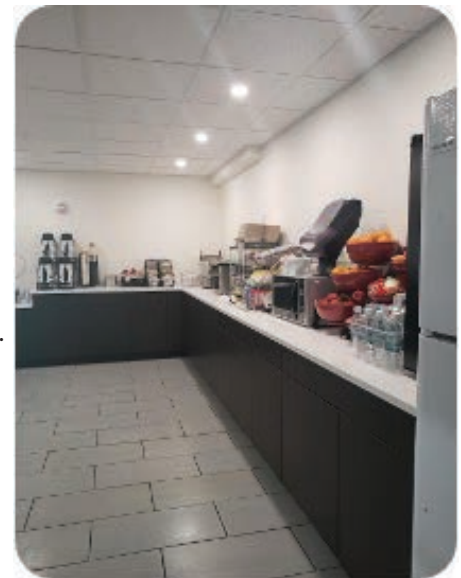
- While operating on a rotating six-week menu, we make accommodations for guests with allergies or special dietary needs. This is achieved by offering alternative options or omitting allergens as required.

Support for Health and Well-Being

- We are committed to offering meals that promote health and well-being, contributing to a positive stay for all clients in Sioux Lookout.



Dining at Hostel 1



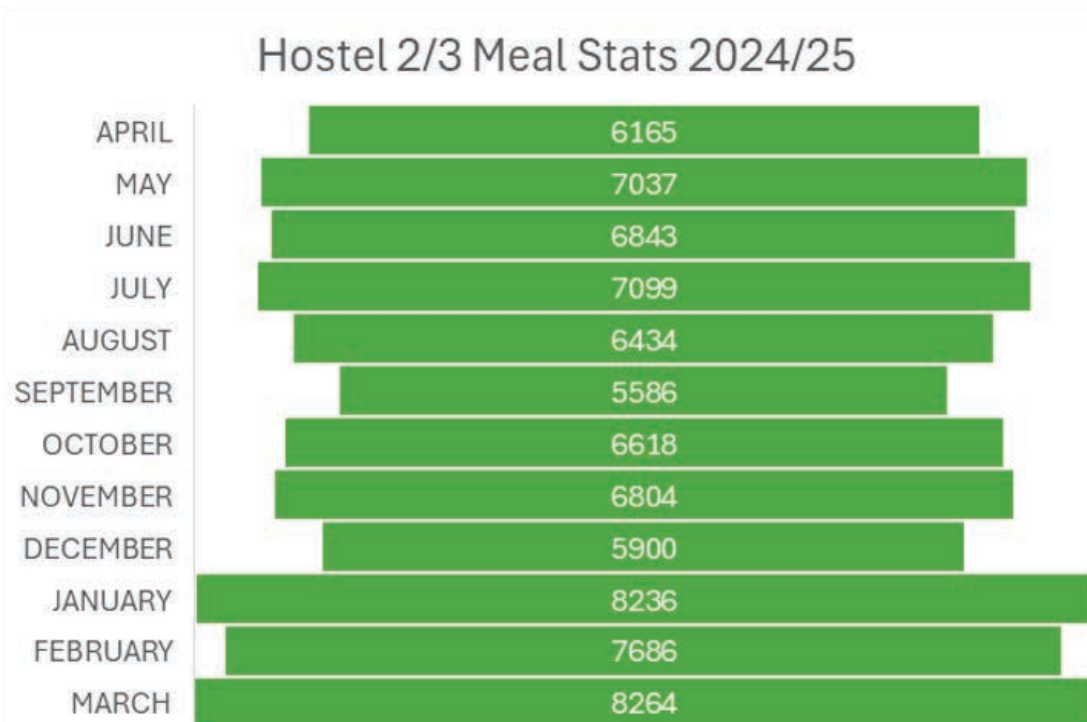
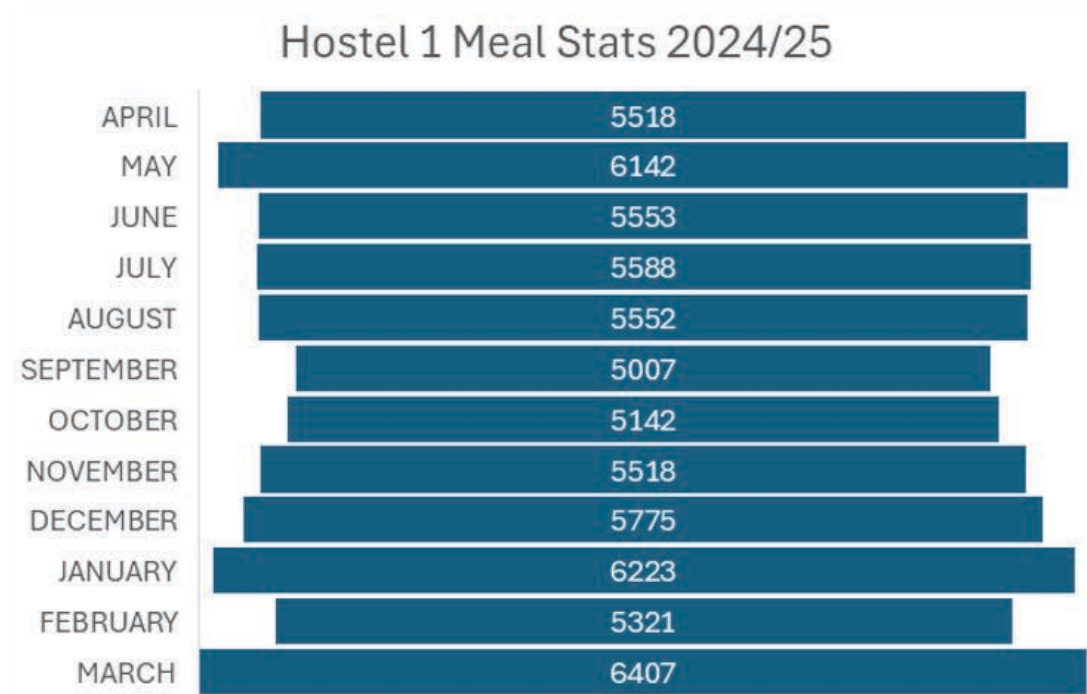
Snack Bar at Hostel 3

Client Services

Food Safety and Hygiene

All kitchen staff are trained and certified in safe food handling, with new staff completing Safe Food Handler training through the Northwestern Health Unit (NWHU). Strict hygiene practices are followed, including regular cleaning, sanitizing, and temperature monitoring during food preparation, storage, and serving. Compliance with local and national regulations is ensured through annual health inspections by the NWHU.

Budgeting & Cost Control



Client Services

Transportation

Overview

- Dispatch coordinates all ground transportation for clients.
- Serves as liaison with accommodations, airport interpreters, discharge services, and transportation drivers.
- Our primary goal is to ensure clients and escorts are picked up and dropped off at their preferred locations on time.
- The Sioux Lookout Transportation Department operates a fleet of 11 vehicles, including 2 wheelchair-accessible vehicles, 4 transits, and 9 caravans.
- Service hours are from 5:00 a.m. to 2:00 a.m., Monday to Sunday.
- Drivers communicate with dispatch via radio, and dispatch coordinates all requested pickups.



Transportation at Hostel 1

Transportation Stats 2024-2025

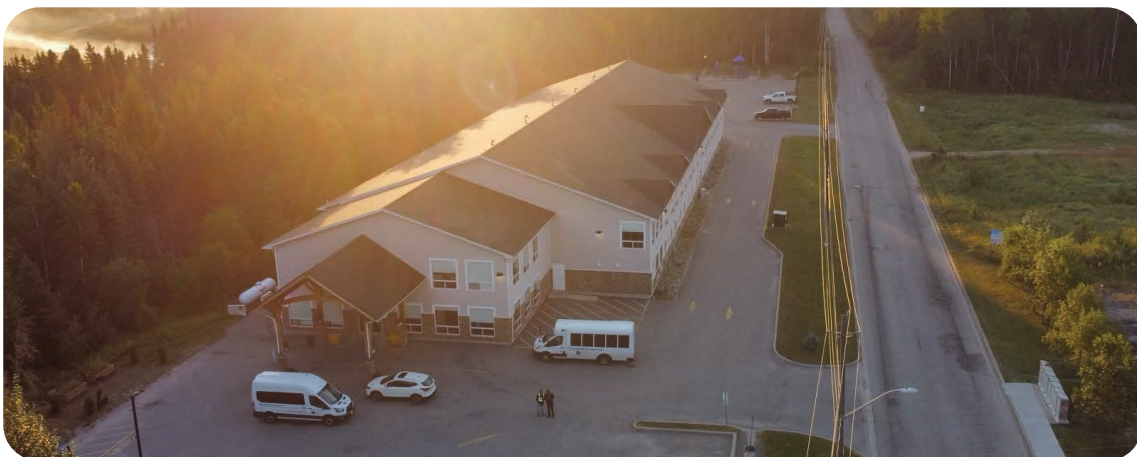
Month	# of Clients	# of Trips
Apr-24	12,560	7,403
May-24	13,995	9,391
Jun-24	12,056	8,520
Jul-24	12,333	9,419
Aug-24	13,221	8,390
Sep-24	12,467	8,096
Oct-24	13,390	8,735
Nov-24	12,025	8,107
Dec-24	9,968	6,790
Jan-25	14,090	9,200
Feb-25	12,073	7,973
Mar-25	14,365	9,360
Year Total 2024/2025	154,522	100,924



Client Services



Jeremiah McKay Kabayshewekamik (Hostel 1)



Niyanan Nengo Saaga'iiganiinwag Kabayshewekamik (Hostel 2)



Mashkikii Odanohkiik Kabayshewekamik (Hostel 3)



Vice President, Community Health **Message**

Janet Gordon

I am honoured to have been with SLFNHA for 35 years, working alongside and supporting communities as they transition to a health care system that better serves them. I am also fortunate to work with staff who are deeply committed to communities and give their best every day. I want to express my gratitude to every one of them, as well as to the many community workers and partners from different organizations whom I consider colleagues and friends. Thank you all.

Over the years, there have been many changes and developments. Major highlights include the construction of SLMHC, the creation of SLFNHA programs and services, and increased in-community and travel services for members. We now also have a presence in Thunder Bay and Winnipeg.

When SLFNHA first began, there were only three employees. Today, we have nearly 700. With this growth, the organization has strengthened areas such as Finance, HR, IT, Communications, Privacy, and Policy Development.

Health Services Highlights for 2024/2025

- Finalization of an Oral Health Business Plan.
- Opening of a new Dental Clinic.
- Completion of a Pharmacy review and plan.
- Establishment of a Primary Health Facility in collaboration with Lac Seul First Nation, while addressing challenges with ISC.

- Signing of a new physician services agreement.
- Hiring of two part-time Medical Directors.
- Collaboration on heart failure care with SLMHC and the University Health Network (UHN).
- Successful award of the Diabetic Connections Grant.
- Release of reports on: Childhood Vaccination Coverage, Food Affordability, and Mental Health and Substance Use by Approaches to Community Wellbeing (ACW).
- Publication of Kayamowemakak Ahkosiwin Tipacimowin: Cancer in Sioux Lookout Area First Nations report (August 2025).
- Publication of the Hospitals Without Borders report.
- Hosting of the Mental Health and Addictions Forum (November 2024).

A big thank you goes to the communities for continuing to work with us, and congratulations to the leadership for pursuing the vision of your own Health Authority.

We remain committed to doing the work required to improve health care. While progress has been made, there is still much more to do. We must continue to close the gaps and address the inequalities and racism that exist in the health care system.

“We must continue to close the gaps and address the inequalities and racism that exist in the health care system.”

**- Janet Gordon, Vice President,
Community Health**



Kitchenuhmaykoosib Inninuwig Sunset, 2019

Approaches to Community Wellbeing

Overview

ACW is the public health department of SLFNHA. ACW focuses on the health of the whole community—not just individuals—by preventing illness and promoting healthy lifestyles rather than only treating disease.

Services include:

- Raising Our Children (ROC)
- Preventing Infectious Diseases (PID)
- Preventing Chronic Diseases (PCD)
- Safe Communities
- Harm Reduction
- Roots for Community Wellbeing
- Community Wellbeing Nursing (CWN)

From April 1, 2024, to March 31, 2025, ACW staff worked over 1,100 days in communities.

Highlights

- Conducted a critical review and provided feedback on the First Nations, Inuit, Métis, and Urban Indigenous Cancer Strategy (2024–2028), focusing on five strategic priorities and objectives set by Health Ontario.
- Partnered with the Harm Reduction team to finalize Opioid Use Disorder and Approaches to Treatment in the Sioux Lookout Region: A Guidance Document for prescribers, healthcare providers, community workers, and leaders.
- Submitted responses and recommendations on the Draft Ontario Public Health Standards to ensure they are culturally appropriate and rooted in health equity.
- Developed multiple presentations and Community Wellbeing Advisories on public health concerns, including infectious diseases and toxic drug poisoning risks.
- Produced briefing notes, medical directives, guidelines, protocols, and rapid literature reviews in response to requests from First Nations communities and to address emerging public health priorities.
- Hosted two Health Directors meetings (September 2024 and February 2025) to update communities and Tribal Council Health and Nursing Directors on ACW programs and to gather input for future planning.

Challenges

- Limited accommodations and workspace: In many communities, space for ACW staff to work and provide services is scarce, limiting the support, training, and health programming available.
- Staff shortages and uncertain funding: Vacancies and lack of confirmed sustainable funding have affected the ability to deliver services and programs.
- Limited public health support at the community level: Follow-up for conditions such as tuberculosis (TB) is difficult, particularly for the PID team. Barriers include inequities in access to services like chest X-rays and delayed follow-up, which may require individuals to travel out of their community.

Approaches to Community Wellbeing

COVID-19 under-reporting

- Due to limited local resources, many communities no longer have dedicated testing services. The end of pandemic funding also meant that rapid and antigen testing was no longer offered free of charge, leading to fewer reported cases.

Measles outbreak concerns

- Recent increases in measles cases in Ontario have led to the reallocation of significant resources to public education and immunization efforts.

Mental health service gaps

- Communities have requested more mental wellness support. In the coming year, ACW will provide additional staff training in Applied Suicide Intervention Skills, Mental Health First Aid (First Nations), and new life promotion/suicide prevention workshops.

Low reach of harm reduction health promotion

- Feedback from community members and partners highlighted that harm reduction messages are not reaching enough people. ACW is working to improve and adapt messaging to be more culturally relevant.

Needle disposal issues

- Several communities reported challenges with the safe disposal of used needles, including stockpiles of harm reduction waste. ACW is collaborating with ISC to develop a long-term solution.

Data gaps

- The Roots for Community Wellbeing team continues to face challenges with access to complete and high-quality data.
- Short-notice immunization clinics: Clinics are often scheduled with little warning, making it difficult to coordinate travel for CWN staff, increasing costs, and reducing staffing levels for other services.

Moving Forward

- Develop a maternal-newborn health status report.
- Create and share resources and supports for youth, expectant families, parents, caregivers, Elders, and community workers.
- Improve immunization rates for both seasonal and routine vaccines.
- Plan for better case tracking and contact management for infectious diseases.
- Evaluate needle distribution services to ensure they meet community needs.
- Implement a dried blood spot testing pilot project.
- Provide training to community workers on a variety of topics.
- Promote and support the health and wellbeing of community members of all ages.

Approaches to Community Wellbeing

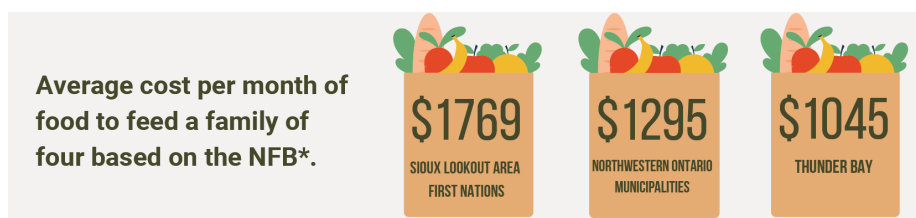
PCD

Overview

- The PCD team works with communities to help prevent and manage chronic diseases such as diabetes and cancer, and to promote mental wellness. The team develops health promotion materials and participates in events like conversation booths and workshops.
- They also support community workers by providing training opportunities, sharing and promoting health data reports, and offering technical support—particularly for food security and food sovereignty projects.

Highlights

- Coordinated a Food Sovereignty Summit that explored topics such as food affordability, food economic development, and land-based solutions. Community members and partners discussed ways to develop sustainable food practices and examined the barriers and strengths of the current food system.
- Hosted a two-day gardening and growing training event in March 2025 for community workers from 15 communities. Farmers who led the training will continue to offer consultation support throughout the year.
- Released The Cost of Eating Well in Kiiwetinoong report in September 2024 and presented the Mental Health and Substance Use Report, Anishiniwug Ajimoowin Animiseewinan, at the National Indigenous Mental Health Summit in October 2024.



Garden Training in Thunder Bay



Greenhouse in Fort Severn

Approaches to Community Wellbeing

PID

Overview

- The PID program works to reduce the spread of infections through health promotion, infection prevention and control, and case and contact management for TB and COVID-19.

Highlights

- Provided case management guidance to seven communities for 10 cases of active TB disease and 12 possible latent TB infections.
- Provided contact management guidance for 76 TB contacts across seven communities.
- Shared TB and infectious disease information with community health directors and nurses to promote World TB Day virtually.
- Delivered health education and promotion for COVID-19 and influenza vaccination.
- Organized three COVID-19 and influenza vaccination clinics, providing 149 flu shots in partnership with CWN and Tribal Councils.
- Supported communities in managing 92 reported COVID-19 cases between April 1, 2024, and March 31, 2025.

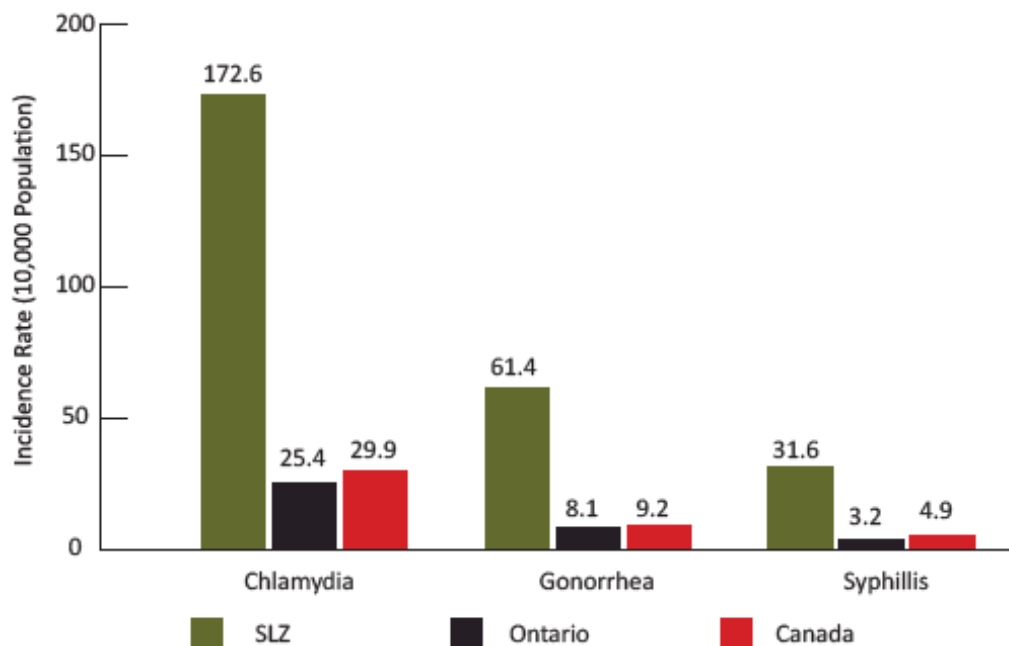
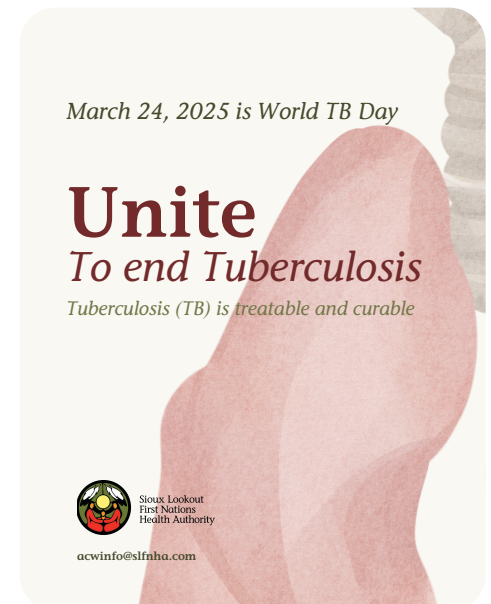
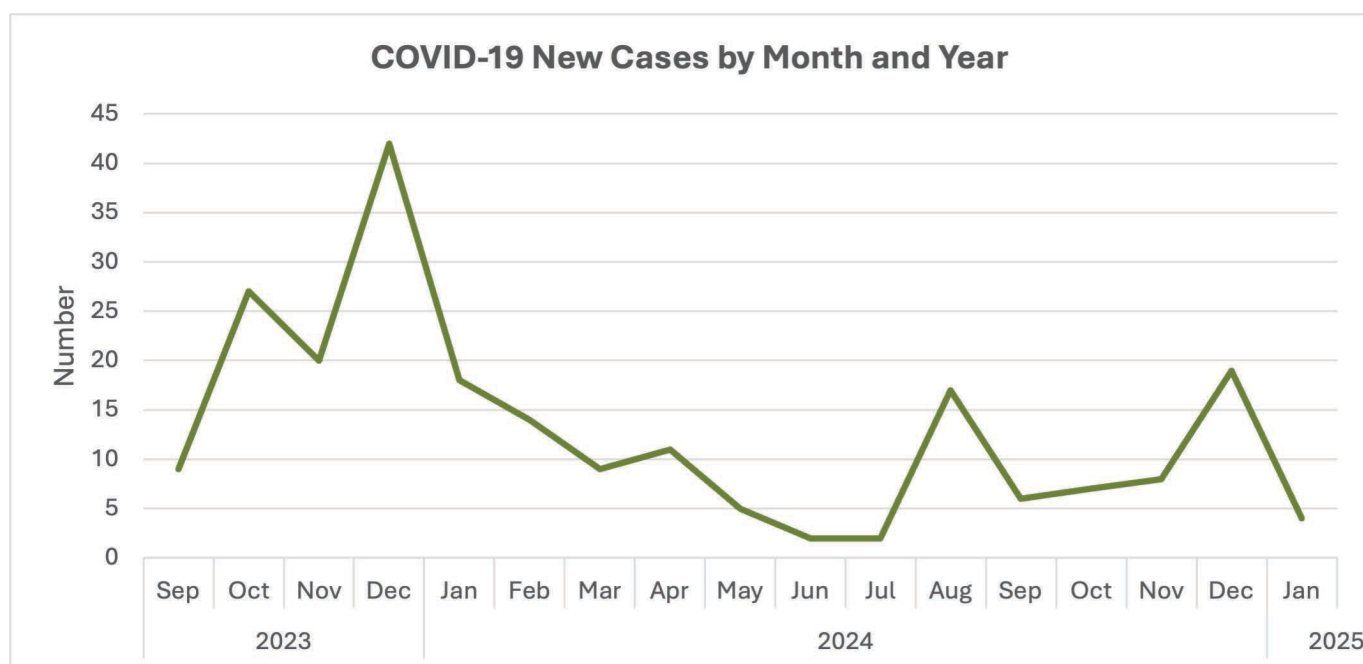
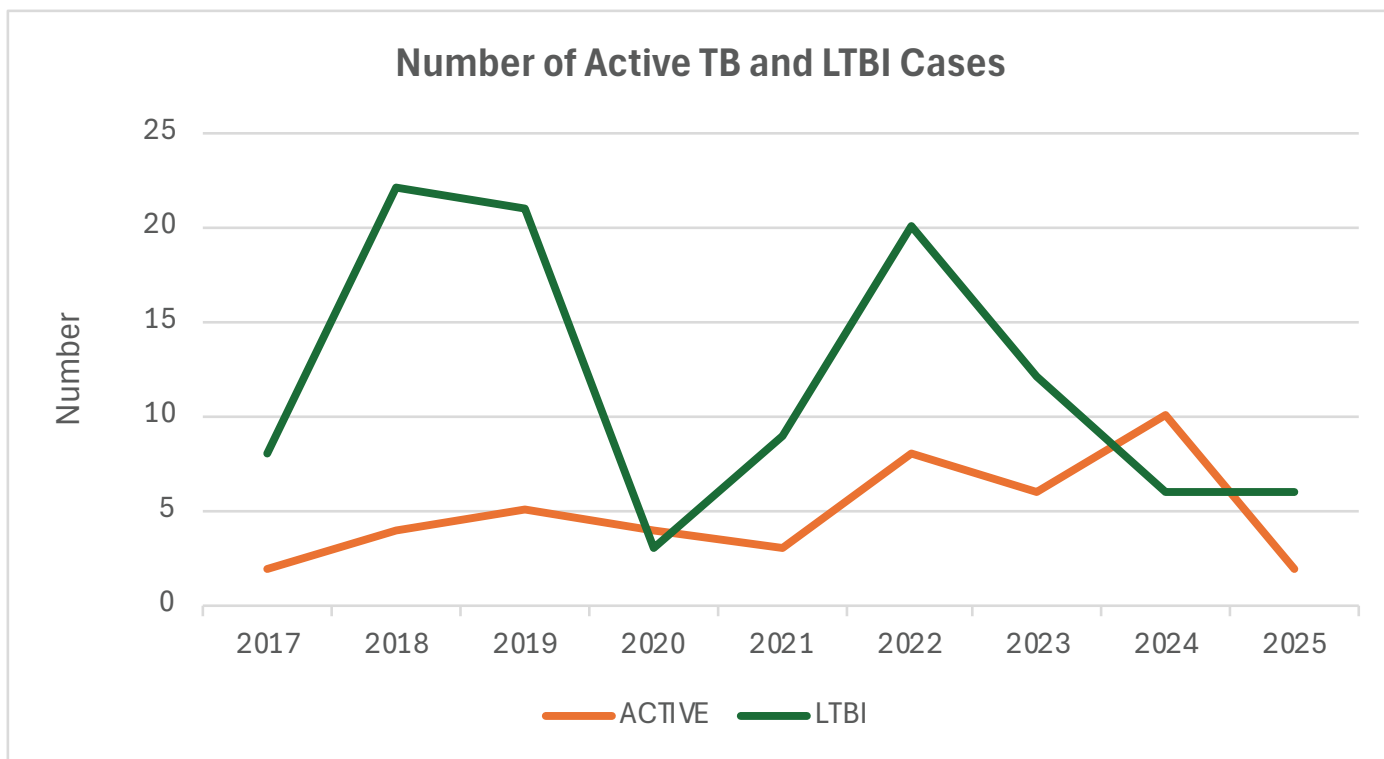
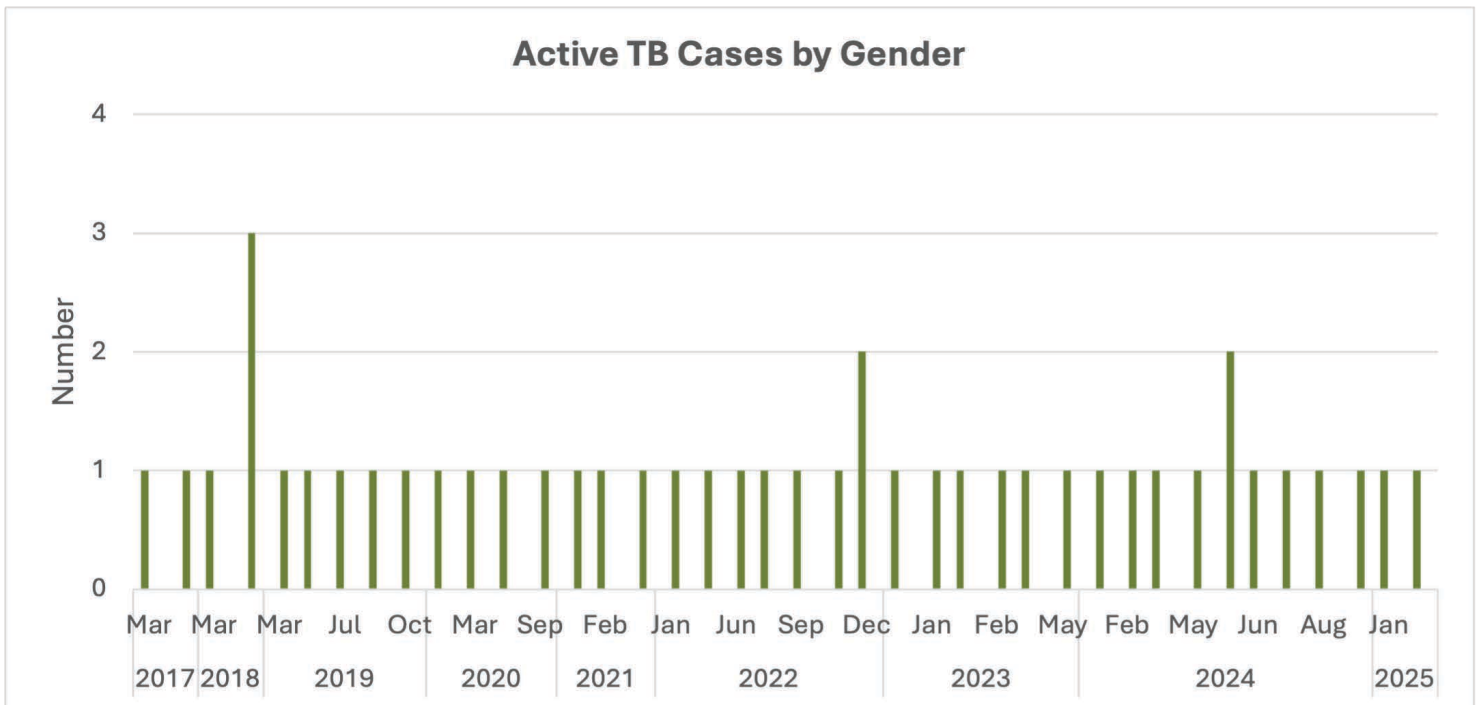
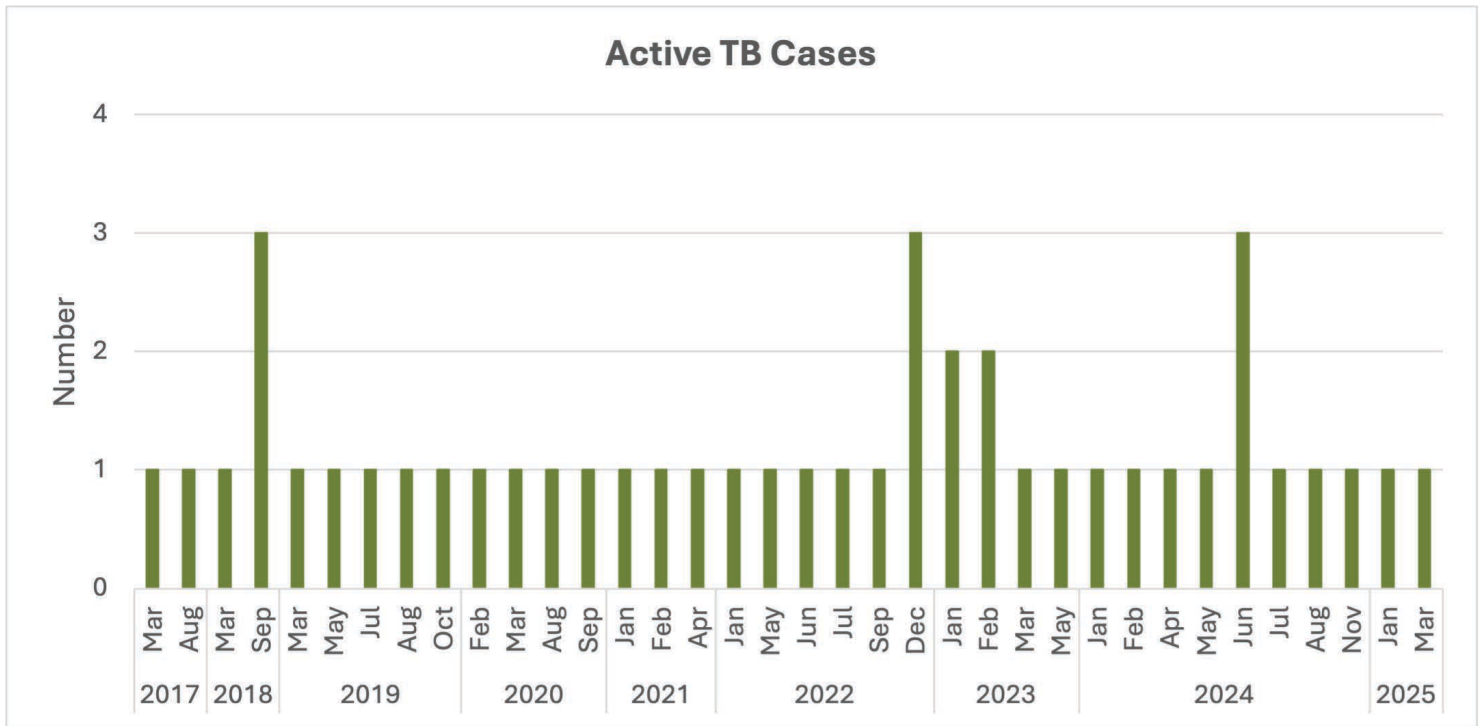


Figure 3: Sexually Transmitted Infections (STIs) Incidence Rates per 10,000 population in SLZ compared to Ontario and Canada

Approaches to Community Wellbeing

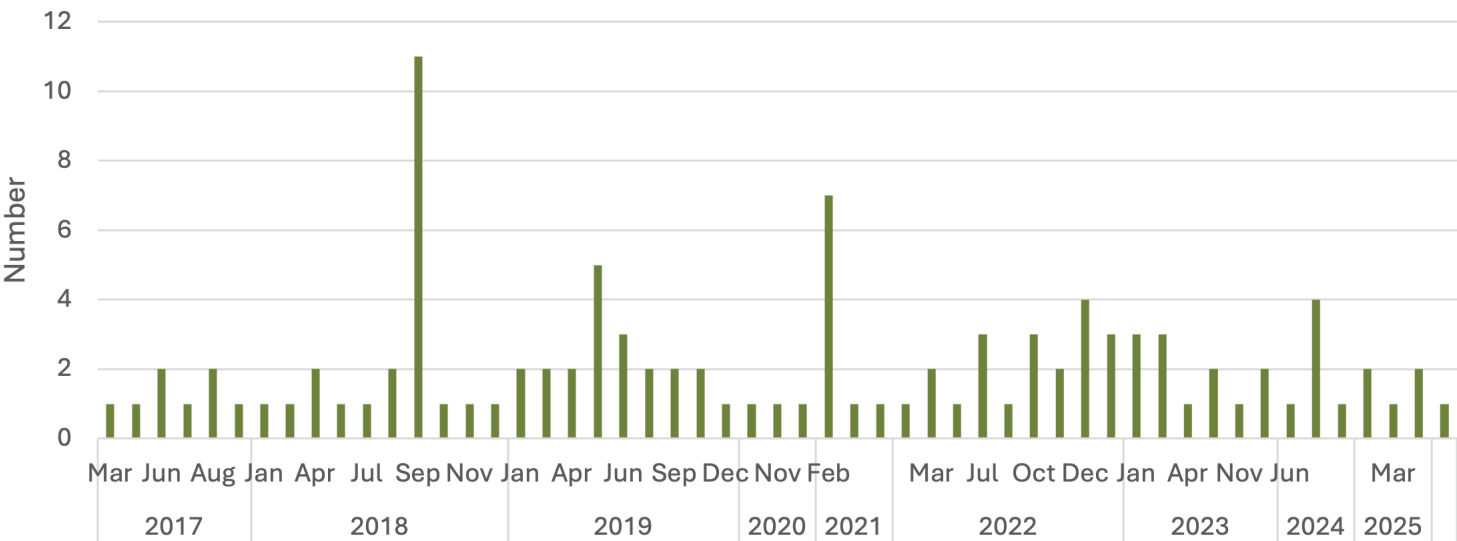


Approaches to Community Wellbeing

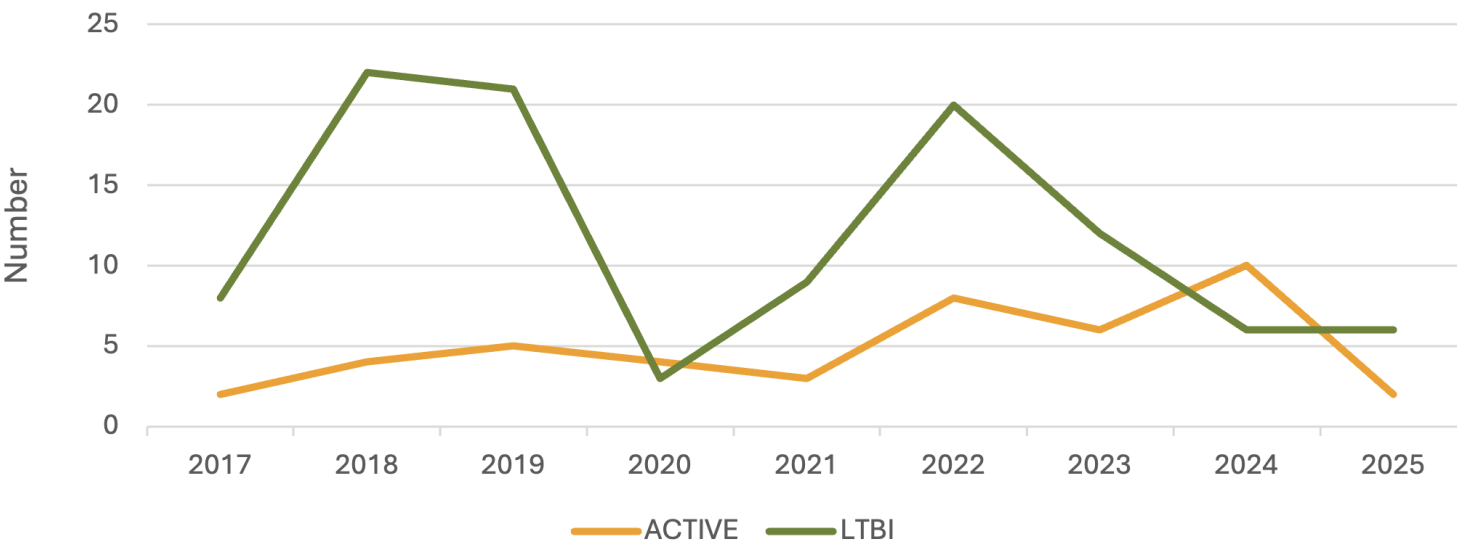


Approaches to Community Wellbeing

Latent Tuberculosis Infection (LTBI)



Active TB and LTBI Cases



Approaches to Community Wellbeing

Harm Reduction

Overview

Harm Reduction provides services and policies that help people who use substances, their families, and communities make healthier and safer choices.

The program offers

- Safer substance use equipment for distribution.
- Naloxone training and supplies.
- Fentanyl drug test strips.
- Support for opioid substitution therapy programs (e.g., Suboxone).
- Screening for sexually transmitted and bloodborne infections (STBBIs).
- Health promotion related to harm reduction.

Highlights

- Established an opioid overdose and fentanyl exposure monitoring system in partnership with SLMHC and ISC to improve toxic drug supply surveillance.
- Made fentanyl drug test strips available in ACW communities, along with a reporting mechanism for positive test results.
- Advanced a dried blood spot testing pilot by developing workflows in collaboration with external organizations to support implementation.

Opioid Use Disorder and Approaches to Treatment in the Sioux Lookout Region

A Guide for Prescribers, Healthcare Providers, Community Workers, and Leadership

Dr. Dilusha Thiyagaratnam
Sanskriti Patel

Safety Tips:

- Take medications the way that they were prescribed and never share your prescription with others.
- Taking more Suboxone than what was prescribed can lead to dependence or overdose.
- Avoid mixing substances. Drinking alcohol or using other drugs while taking Suboxone or Sublocade can lead to overdose.
- If you use other opioids while on Suboxone or Sublocade, you should carry naloxone. Naloxone can help reverse an opioid overdose and is available at nursing stations, pharmacies, and clinics.
- If you suspect an overdose, call for emergency help.

Please visit your band office for additional supports and resources in your community.



For more information, please email
Approaches to Community Wellbeing:
acwinfo@slfna.com

WHAT YOU NEED TO KNOW ABOUT SUBOXONE AND SUBLOCADE



Sex is Sacred. Use Protection.



Condoms are available for free at nursing stations, health units, hospitals, and clinics.



Signs That You're in a Healthy Relationship:

Mutual Respect: Partners value each other's opinions, boundaries, and feelings.

Communication: Partners feel heard and understood. Conflict is resolved with a focus on solutions, rather than blame.

Trust and Honesty: Honesty is the base of trust. Both partners feel safe sharing their thoughts and feelings.

Independence: Partners maintain their personal interests.

Healthy relationships can lead to better sexual health. When both partners prioritize each other's wellbeing, it can lead to safer and more fulfilling experiences.

Safer Injecting Practices

A guide for healthcare providers to better support people who inject drugs



Safer Injecting 101 - Key Messages

- 1 **Everything new every time you use**
Do not share or re-use syringes, cookers, filters, or alcohol swabs
- 2 **Take breaks and take care of yourself**
Rotate injection sites, give your veins a break, and monitor for infections
- 3 **Start low, go slow**
Always start with a small amount of drugs first
- 4 **Fix with a friend**
Avoid using alone and fix one at a time so someone can call for help
- 5 **Carry naloxone and know how to use it**
Make sure to offer naloxone to anyone using substances, and ensure they know how to use it



Choosing an Injection Site

The safest areas to inject are the **arms** (from below the shoulder to above the wrist) and the **back of the hand**.

- It is recommended to rotate injection sites to give the veins time to heal.

Caution should be taken when injecting in the **legs, feet, and chest**.

- There is a higher risk of blood clots when injecting in the legs and chest. Serious problems can arise if a clot travels to the lungs or heart.

It is dangerous to inject in the **neck, wrist, and groin**.

- The veins in the neck and groin are very close to large arteries. Injecting into arteries can cause life-threatening complications.

SAFER (arms, back of hand)
AVOID (legs, feet, chest)
UNSAFE (neck, wrist, groin)

Approaches to Community Wellbeing

ROC

Overview

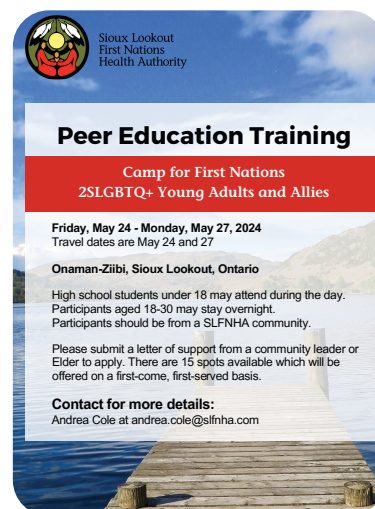
ROC supports children in developing strong connections to family, community, spirituality, land, culture, language, and each other. The program promotes a healthy life path from a young age, focusing on Family Health, Youth Development, and Building Healthy Relationships.

Highlights

- Hosted a Peer Education Training Camp for 2SLGBTQ+ youth and allies at Onaman Ziibi, featuring workshops, land-based learning, and a drag show and panel night. Participants reported increased confidence in supporting community health and prevention strategies.
- Held a Youth Connections Conference in June 2024 for 30 participants, offering workshops, peer presentations, and sessions such as the Engage Workshop with Brent Edwards and the Head, Heart, Hands, and Feet Project by NAN.
- Partnered with Zaagi'idiwin to host Indigenous Doula Training in February 2025, providing prenatal, labour, and breastfeeding support skills. Twenty participants from eight communities and four Tribal Councils rated the training 5/5 and highly recommended it.



ROC Pride



ROC Booth



ROC Volleyball



ROC Land Presentation

Approaches to Community Wellbeing

CWN

Overview

CWN delivers community-led nursing services, advocating for health needs in partnership with Chief and Council, Health Directors, and community members.

Services include:

- Immunization promotion and vaccine clinics.
- Diabetes prevention and education.
- Cancer screening (cervical, breast, colon).
- TB and COVID-19 case and contact management.
- School and home visits.
- Health promotion and education.
- Community events and activities.

Highlights

- Provided well-baby and well-child checks to monitor growth, identify concerns early, and administer vaccines.
- Delivered cancer screening programs, including distribution and collection of FIT kits for colon cancer screening.
- Partnered with ISC to offer STBBI screening.
- Promoted Measles, Mumps, and Rubella (MMR) immunizations in response to increased measles risk.
- Provided weekly health education at SLFNHA Hostels in Sioux Lookout, including blood pressure and blood glucose checks, and seasonal vaccine clinics.

7-Year-Old Age Group

For children to be considered fully vaccinated by age 7, they must have received:

- 5 doses of tetanus, diphtheria, pertussis, and polio vaccine
- 4 doses of Haemophilus influenzae type B (Hib) vaccine
- 3 doses pneumococcal conjugate 13 (Pneu-C-13) vaccine
- 1 dose of meningococcal conjugate C (Men-C-C) vaccine
- 2 doses of measles, mumps, rubella (MMR) vaccine
- 2 doses of varicella (Var) vaccine

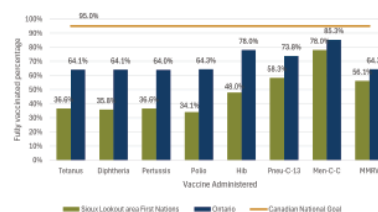


Figure 4. Percentage of 7-year-olds fully vaccinated by type of vaccine.

The Canadian national goal for vaccines within this age group is 95%.



CWN in Community



CWN at Community Radio Station



CWN Acknowledging Missing and Murdered Indigenous Women (MMIW)

Approaches to Community Wellbeing

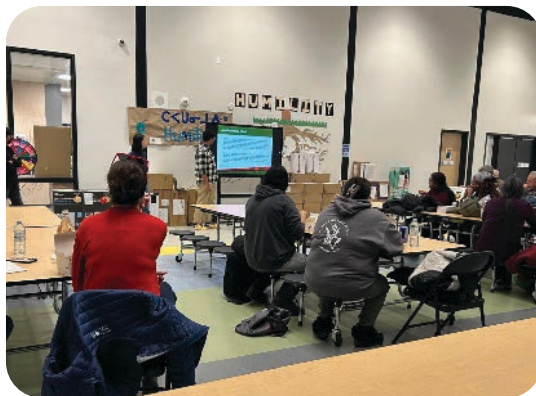
Safe Communities

Overview

Safe Communities creates safer environments by preventing injuries, promoting health, and building community resilience. Programs address environmental hazards, injury prevention, and emergency preparedness.

Highlights

- Completed an Indoor Air Quality pilot project with Health Canada, visiting four communities to study housing conditions. Findings linked poor ventilation and damaged windows to high respiratory infection rates in children under three. The research called for urgent infrastructure improvements.
- Supported the Mental Health Crisis Working Group and developed a Road Map to SLFNHA Response to Social Emergencies.
- Led a tabletop Emergency Response Plan Exercise with MNP LLP to strengthen emergency planning.
- Developed a health promotion repository and led campaigns and outreach initiatives.



Safe Communities Presentation in Community



Safe Communities at Community Radio Station



Safe Communities Air Quality

Approaches to Community Wellbeing

Roots for Community Wellbeing

Overview

Roots for Community Wellbeing supports ACW and the region by ensuring programs and services are effective, sustainable, and culturally appropriate. The team collects and analyzes data, produces health status reports, and supports health planning and evaluation.

Highlights

- Produced a cancer health status report with data on cancer rates, most common types, and recommendations for prevention, screening, and care.
- Completed a childhood immunization coverage report to assess vaccination rates.
- Designed and shared culturally appropriate health and wellness promotional materials.

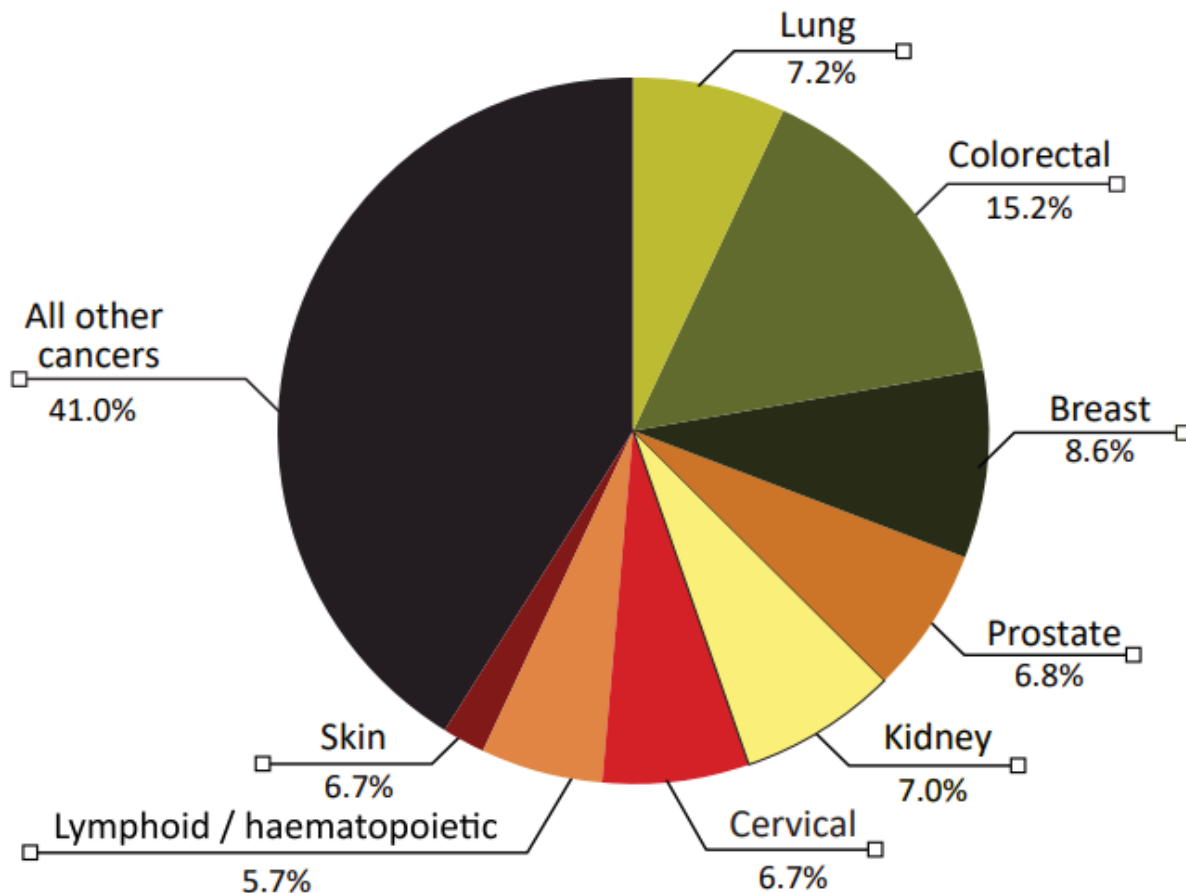


Figure 1. Most common cancers in SLaFN communities, all ages, 2006-2020. This number reflects cancer cases, not individuals. Source: CIHI data.

Approaches to Community Wellbeing

Approaches to Community Wellbeing social media posts in 2025:

Help them stay healthy with vaccines

*Protect their health.
Protect your family.
Protect your community.*

Talk to your healthcare provider and make sure you and your children are up to date on all vaccines.



Sioux Lookout First Nations Health Authority

acwinfo@slnha.com



Don't be a silly goose
Use protection

Condoms are available for free at nursing stations, health units, hospitals, and clinics.



Sioux Lookout First Nations Health Authority

acwinfo@slnha.com



A well-fitting helmet keeps you warm and safe.

- Make sure your helmet fits snugly, fastens securely, and doesn't move or feel loose.
- Replace your helmet every 5-5 years. Helmets made of fiberglass or plastic may become brittle over time.
- Place a strip of reflective tape on your helmet for extra visibility after dark.
- Don't paint your helmet. Solvents in the paint can weaken the shell.



Sioux Lookout First Nations Health Authority

acwinfo@slnha.com



Photo courtesy of Sandy Quinlan

Ice is never 100% safe
These guidelines only apply to clear blue ice. White or snow ice is half as strong. Grey or black ice is not safe.

Ice Thickness	Safe Activities
>3"	Birds ok
4"	Stay off!
5"	Ice fishing, skating
8-12"	Snowmobiles, ATVs
12-15"	Cars, small trucks
15"+	Medium trucks
15"+	Safe



Sioux Lookout First Nations Health Authority

Indigenous Doula Training

Do you have an interest in birth work? Are you looking to become more involved with supporting birthing parents in your community?

Please join us for Indigenous Doula Training February 11-14, 2025 in Thunder Bay, ON in partnership with Zaag'idiwin.

Due to limited space in the training, we are kindly asking you to complete this application form via the QR code below by January 10. Successful applicants will be contacted by January 15 via their preferred method of contact.

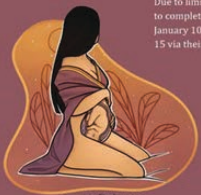


Illustration by Shoshannah Fox




ZAAG'IDIWIN

Flu vaccines
are the best way to prevent the flu

You can help protect yourself and your community by reducing the spread of the flu.




Sioux Lookout First Nations Health Authority

acwinfo@slnha.com



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ΔΙΟΙΚΗΤΗΣ

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Public Health Physician **Message**

Dr. Lloyd Douglas

The past year has been one of collaboration, transformation, and resilience as we work alongside First Nations in the Sioux Lookout area to realize the vision of a culturally grounded and fully recognized First Nations public health system.

Our journey has been guided by a shared determination to close community well-being gaps and to create systems that reflect the values, strengths, and knowledge of the Anishinaabe and Anishininew peoples. The challenges we face—ranging from the resurgence of vaccine-preventable diseases to the ongoing effects of colonialism on health—remind us that public health is never static. It must adapt, evolve, and respond to the realities of the communities we serve.

This year, we were reminded of the fragility of public health progress. On October 18, 2024, exposure to a travel-related measles case in New Brunswick sparked an outbreak that spread across the country. By July 2, 2025, Ontario had reported 2,223 measles cases across 22 public health units—the highest number since Canada declared measles eliminated in 1998. According to the Pan American Health Organization, measles cases in the Americas rose 29-fold in 2025 compared to 2024. Local immunization coverage data also shows gaps remain. Urgent catch-up vaccination efforts are needed, particularly in areas where structural barriers and limited access to care are further compounded by pandemic-related disruptions.

Adding to this, the impacts of climate change have become undeniable public health emergencies. During this year's fire season, several First Nations communities were forced to evacuate due to wildfires. These displacements disrupted lives, worsened chronic conditions, and placed additional strain on mental and physical health.

Despite these challenges, there is hope. Globally, there is growing recognition of the need for equity and First Nations leadership in health. Notably, the World Health Organization has identified Indigeneity as a key determinant of health, which strengthens our call for culturally grounded public health systems and aligns with our ongoing efforts to place First Nations knowledge, values, and governance at the heart of our work.

For 2024–2025, our work will focus on five priorities:

- Embracing the evolving public health landscape.
- Deepening community engagement and accountability.
- Strengthening partnerships.
- Building sustainable capacity.
- Advancing legal recognition for a First Nations-led public health system.

These priorities are rooted not only in evidence but also in the rights and aspirations of First Nations to shape and lead their own health futures.

We have seen the power of community-led approaches. Whether improving immunization rates through local efforts or creating ongoing dialogue with communities and partners, we see what is possible when trust, respect, and accountability guide public health practice.

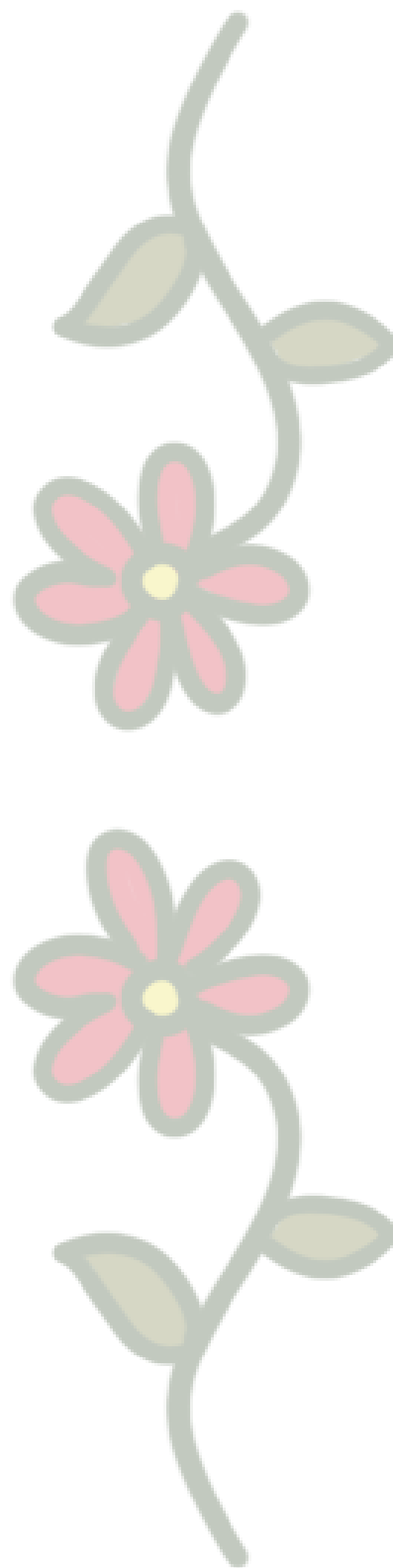
At the same time, we recognize the urgent need for stronger investments—in infrastructure, training, and sustained, equitable funding—to support essential services in ways that honour culture, sovereignty, and self-determination.

Looking ahead, we remain committed to aligning our work with SLFNHA's strategic direction and to advocating for a public health system rooted in First Nations leadership and knowledge. Achieving this vision requires addressing structures that have long marginalized First Nations peoples, while also working collaboratively to co-create systems of health that are resilient, sustainable, and just.

As public health professionals, we are stewards of both science and relationships. Our strength lies not only in data and epidemiology, but also in the voices, stories, and traditions that guide our path forward. I am continually inspired by the dedication of ACW team members, community health champions, and partners who are reimagining what public health can be when it is led by and for First Nations.

Together, we are not just responding to challenges—we are building a legacy of wellness, healing, and hope. Let us continue this journey with courage, humility, and a shared commitment to advancing equity and well-being for all First Nations communities in the Sioux Lookout area.

Miigwetch





Medical Director (Incoming) **Message**

Yvette Emerson

Tansi, I am First Nations and a member of Sandy Bay Ojibway First Nation (Treaty 1). I am also of Red River Métis, Irish, and Scottish settler ancestry. My mother's family is from the Camperville, MB/Pine Creek First Nation area, and her mother spoke Anishinaabemowin, Michif, and English, and learned Cree when she married. Sadly, I do not hold a language.

I grew up in Winnipeg and have practiced medicine for over 30 years in diverse Indigenous communities, including Haida Gwaii, Nunavut, Treaty 5 Nations, and Sioux Lookout (2001–2004).

I joined SLFNHA in January 2025 and will be sharing the role of Medical Director with Dr. Morgan. I bring three decades of experience in service to SLFNHA and the Nations, and I am committed to supporting the realization of their vision of wellness.

I firmly believe that the horrific and widening disparities in health between First Nations people and the rest of Canada are the result of past and ongoing racism, colonialism, and genocide by the Canadian state. Yet, I also see our people as strong, beautiful, funny, and capable of designing and delivering a wellness system that our relatives trust—one that addresses disease and injury while moving us toward a healthier, stronger future for generations to come.

I look forward to meeting many of you this year and to building meaningful relationships and partnerships.





Associate Medical Director (Incoming) **Message**

Alanna Morgan

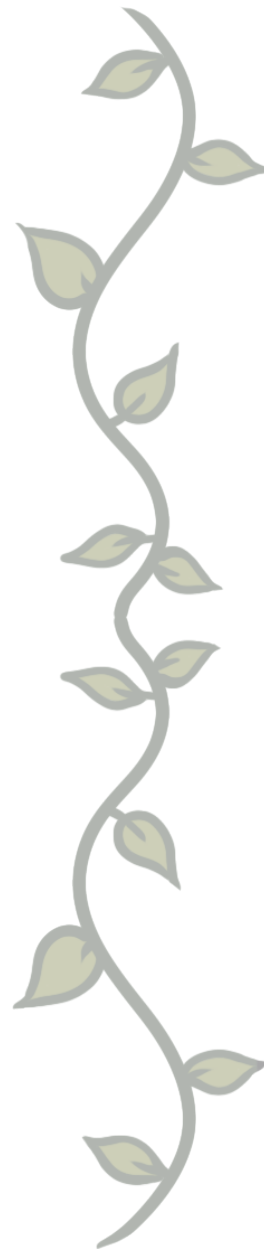
Waachiye,

I am Anishininiikwe with mixed white settler ancestry. I was born and raised in Sioux Lookout, where I have lived most of my life, and I now reside in Thunder Bay. I am a member of Sachigo Lake First Nation, which is also where my Nokom (grandmother) is from.

I am a family doctor and worked in Sioux Lookout at the Hugh Allen Clinic from 2018 to 2023. In May 2024, I began serving as Associate Medical Director with SLFNHA, working closely with Dr. Terri Farrell until her retirement in March 2025.

In 2024/2025, my focus was on supporting the Sioux Lookout Area Primary Care Team (SLAPCT) and helping to develop a Heart Failure Model of Care that includes cardiology visits to First Nations communities, with the pilot project based in Sandy Lake First Nation. My role will continue to expand in the coming year, and I am especially excited about supporting program development that brings care closer to home and invests in community-level resources. This includes building roles for Community Health Workers (CHW) and strengthening local health services.

I look forward to working collaboratively to strengthen community capacity and to advocate for health policies that promote equity and self-determination in healthcare.



Primary Care Team

Overview

SLAPCT is a mobile, inter-professional, collaborative team that provides communities with comprehensive primary health care services close to home. As an integrated collaborative practice, the Primary Care Team offers allied health services (see Appendix A) to all age groups. The team focuses on preventive care, improved management of chronic disease, ongoing treatment and monitoring, and supporting clients in developing self-management skills.

The department is close to completing its staffing goals for the fiscal year. Of the 58 positions, 14.82 remain vacant (see Appendix B). Recruitment and retention efforts are ongoing. Staff are organized into four pods (three travelling teams) dedicated to serving specific communities. SLAPCT continues to provide in-person services in communities, as well as virtual appointments when travel is not possible due to restrictions or infrastructure limitations.

Highlights

Clinical Services

- Total booked and attended visits increased over the past fiscal year, reaching 11,352 appointments (see Appendix C for Visit Encounter Types).
- The frequency of travel to northern communities was similar to last year, with 248 trips and 264 days of health service delivery. Overnight trips were sometimes required to meet service needs (see Appendix D for individual community statistics).
- Staff regularly travel to communities; however, increased demand for Telemedicine services was noted due to a rise in new staff using the service. There were 743 Telemedicine consultations and 97 Zoom consultations with SLFNHA health professionals (see Appendix E for telehealth service details).

SLAPCT Intake/Referral System

- Referrals increased for the 2024/25 fiscal year, with 2,215 requests for services (see Appendix G for service breakdown).

Capital Project - Primary Care Facility

Background

- SLFNHA received a capital planning grant in December 2017. Between 2018 and 2022, the Capital Planning Working Group—comprised of representatives from area Tribal Councils, SLHMC, physicians, communities, the Municipality of Sioux Lookout, NAN, health programs, funders, and political bodies—worked to complete the business case, functional plan, and review service needs and capital requirements for remote communities.

The Ministry of Long-Term Care's Capital Business Case (#BC1 through BC#7) identified the old Zone Hospital site in Sioux Lookout as the preferred location for the new Primary Care Building.

Updates

- In March 2023, SLFNHA completed BC#8, a cost estimate for constructing the Primary Care Facility, which was submitted to the Ministry of Health (MOH) Capital Branch.
- During the Lac Seul First Nation Nindwaasihshiminaanak Initiative (Bring Our Children Home), it was identified that the Zone Hospital site may require archaeological assessment for unmarked graves. SLFNHA has been working with Lac Seul First Nation to complete this assessment before any ground-penetrating work begins.

Primary Care Team

- As of April 2024, Lac Seul First Nation has not received funding for this assessment, so the project is on hold until funding is secured. A drone scan of the site was completed in late 2024, and results (which may take 6 months to analyze) are pending.

Next Steps

- If the drone scan indicates further review is required, archaeological exploration will follow. An “All Partners” meeting is scheduled for May 27, 2025, to review next steps. If required, archaeological scanning will be completed before moving forward with BC#9, which outlines furnishings and equipment. Tender packages will be prepared and posted once funding is approved.

Pharmacy Project

- SLFNHA is planning a not-for-profit First Nations pharmacy to address gaps in pharmaceutical access in the communities we serve. The pharmacy will be Indigenous-owned and operated, culturally appropriate, and reliable. Services will be coordinated with local health care providers to improve regional health outcomes in a fiscally and socially responsible way.

Challenges

Recruitment and Retention

- Many staff have returned to their home communities for personal reasons (family, education, proximity), leading to vacancies. SLAPCT has participated in career fairs and targeted job postings.

Community Emergencies

- Fires, water crises, sudden deaths, memorials, and network issues led to cancelled visits. Telehealth and phone consultations were used when in-person visits were not possible.

Weather

- Winter conditions caused flight cancellations and delays, reducing the ability to travel for face-to-face visits. Missed appointments were rescheduled virtually where possible.

Moving Forward

- Explore accommodation options in communities to allow Allied Health Professionals to spend more time on-site.
- Continue recruitment and retention efforts, attending career fairs in and outside Ontario.
- Advocate for ongoing telehealth use to ensure seamless care between visits.
- Build capacity with CHW and Community Rehab Workers (CRW), as well as the Physician group, for integrated care.
- Collect and respond to client feedback through satisfaction surveys.
- Increase community engagement through group education sessions and events, both locally and in communities.

Primary Care Team

Appendix A: Allied Health Services

During the fiscal year of April 1st, 2024, to March 31st, 2025, the SLAPCT provided the following clinical services, directly to clients and communities:

- Speech-Language Services
- Nurse Practitioner
- Foot Care via Registered Practical Nurses
- Nutritional Services via Registered Dietitian
- Pharmacy Services
- Kinesiology Services
- Physiotherapy Services
- Occupational Services
- Interpreter Services
- Wound Care Services via Registered Nurse
- Hepatitis C (HEP C) Social Work
- Smoking Cessation
- Ultrasound
- COVID-19 & Flu Clinics



Patient at Northern Clinic

Primary Care Team

Appendix B: Human Resources:

The following table represents the current staffing complement within SLAPCT for the fiscal year of 2024-25 (as of March 31, 2025):

Position	Staffed	Vacant	Total
Director	1.0	0	1.0
Program Assistant	1.0	0	1.0
Clinical Manager	2.0	0	2.0
Nurse Manager	1.0	0	1.0
Quality Improvement Specialist	1.0	0	1.0
Telehealth Coordinator	1.0	0	1.0
SLAPCT Clerk	6.0	0	6.0
Community Health Navigator	3.0	0	3.0
Intake Coordinator	1.0	0	1.0
Nurse Practitioner	4.25	5.75	10.00
Registered Nurse (Wound Care)	1.0	0	1.0
Registered Practical Nurse	4.0	0	4.0
Registered Dietician	4.0	0	4.0
Pharmacist	1.0	0	1.0
Pod Manager	4.0	0	4.0
Speech Therapist	0.25	1.75	2.0
Occupational Therapist	0.25	2.75	3.0
Kinesiologist	3.0	1.0	4.0
Physiotherapist	2.0	2.0	4.0
Interpreter	1.0	0	1.0
HEP C Social Worker	1.0	0	1.0
Ultrasound Clinical Lead	0.43	0.57	1.0
Ultrasonographer	0.0	1.0	1.0
Totals	43.18 (74%)	14.82 (26%)	58

Primary Care Team

Appendix C: Client Visit Encounter Types

There was a total of 11,278 booked appointments, however, of that number only 6,973 (5,340 Adults, 420 Pediatrics, and 1,213 Anonymous clients in Group sessions) were attended client visits for allied health services provided by the SLAPCT:

Total Clients Seen by SLAPCT	Total in Fiscal Year 2024-25		
	Client Demographics	Total # of Client Interactions	7024
		Male	2091
		Female	3543
		Other	16
		Anonymous (groups)	1374
		Adult	5391
		Child	423
		Anonymous (groups)	1210
	Northern Community	Total Clients Seen	2932
	Sioux Lookout	Total Clients Seen	4092
		Total # of Cancels	2385
		Total # of No Shows	1943
	Total # of Clients Booked		11352

Breakdown by AHP type visit	Attended Allied Health Professional Appointments Fiscal Year 2024-25	Totals
	Kinesiology	328
	Physiotherapy	743
	Nutritional	409
	Pharmacist	193
	Occupational Therapy	91
	Speech Language Pathology	146
	Registered Nurse (Wound Care)	37
	Reg Practical Nurse (Foot Care)	1067
	Nurse Practitioner	2232
	Interpreter	68
	HEP C Social Work	95
	Ultrasound	54
	COVID-19 Screening	28
	COVID & Flu Vaccines	121
	Group Sessions	1412
	Total	7024

Primary Care Team

Appendix D: Community Travel: (April to March 2024/25)

Travel schedule is based on the number of referrals. Community inability to support overnight stays is a barrier. The SLAPCT completed 248 trips to northern communities, with a total of 264 days of allied health services being provided:

	Total in Fiscal Year 2024-25	Total Trips	Total Days in Community
Communities Visited	Bearskin Lake	10	10
	Cat Lake	5	5
	Deer Lake	13	13
	Eabametoong	10	11
	Eagle Lake	0	0
	Frenchman's Head	9	9
	Fort Severn	7	7
	Kasabonika Lake	13	13
	Keewaywin	7	7
	Kejick Bay	4	4
	Kingfisher Lake	12	12
	Kitchenuhmaykoosib Inninuwug	12	12
	Mishkeegogamang	14	20
	Muskrat Dam	8	8
	Neskantaga	9	9
	Nibinamik	9	9
	North Spirit Lake	8	8
	Pikangikum	8	8
	Poplar Hill	6	6
	Sachigo Lake	7	7
	Saugeen	7	7
	Sandy Lake	14	19
	Slate Falls	10	10
	Wapekeka	11	11
	Wawakapewin	0	0
	Waubaskang	0	0
	Weagamow	12	14
	Webequie	10	11
	Whitefish Bay	3	3
	Wunnumin Lake	10	11
	Total Trips:	248	264

Primary Care Team

Appendix E: Telemedicine Services:

We presently have a full-time Telemedicine Coordinator working within the Primary Care Team. This position supports both the SLAPCT Allied Health Professionals with their telehealth appointments with clients, along with supporting all other SLFNHA departments with their telehealth needs and services. Staff continue to travel into communities regularly, however, SLFNHA saw an increase in Telemedicine services due to an influx of new staff utilizing the services across departments. There was a total of 743 Telemedicine consultations and 97 Zoom consultations attended with the health professionals at SLFNHA.

The following telehealth appointments were booked for SLFNHA during the 2024/2025 fiscal year:

Types of Telehealth	Total in Fiscal Year 2024-25	Total
	Psychiatry	477
	Psychiatry (Sick Kids)	0
	Speechworks	22
	Psychology	8
	Mental Health Counseling	2
	SLAPCT Department	217
	Regional Wound	0
	DS Pediatrician	0
	DS Department	7
	DS Psychology	10
	DS Audiology	0
	Other	0
	Program Consultations	0
	Total Clients Seen via Telehealth	743
	Total Clients Seen via Zoom	97

Appendix F: Vaccine Clinics & COVID-19 Testing

COVID-19 & Flu Vaccination Clinics

SLAPCT ran 1 COVID-19 & Flu vaccination clinics from April 1, 2024, to June 30, 2024, and administered 55 COVID-19 vaccine doses and 66 Flu vaccines:

COVID-19 Vaccines	Total in Fiscal Year 2024-25	Total # of Client Interactions	55
	Client Demographics	Male	15
		Female	40
		Other	0
		Adult	55
		Child	0
	Northern Community	COVID-19	0
	Sioux Lookout/Hudson	COVID-19	55

Primary Care Team

COVID-19 & Flu Vaccination Clinics (cont.)

Flu Vaccines	Total in Fiscal Year 2024-25	Total # of Client Interactions	66
	Client Demographics	Male	14
		Female	52
		Other	0
		Adult	66
		Child	0
	Northern Community	Flu	0
	Sioux Lookout/Hudson	Flu	66

COVID-19 Testing

During the first quarter, SLAPCT provided COVID-19 screening for SLFNHA staff prior to travelling into a few communities that still requested testing prior to traveling and conducted 28 tests from April 1, 2024, to March 31, 2025. After that time, testing was no longer required prior to community travel and testing stopped:

COVID Testing	Total in Fiscal Year 2024-25	Total # of Clients (Q3)	28
	Client Demographics	Male	12
		Female	16
		Other	0
		Adult	28
		Child	0
	Northern Community	Total Clients Seen	0
	Sioux Lookout	Total Clients Seen	28



Primary Care Team

Appendix G: Incoming Referrals

SLAPCT received an increase of referrals for the 2024/25 Fiscal Year, with a total of 2215 requests for services. (See Appendix G for a breakdown of service types).

SLAPCT Referrals Received	Total in Fiscal Year 2024-25	Total
	Smoking Cessation	45
	Speech Language	35
	Dietary	330
	Kinesiology/Rehab Assistant	293
	Physiotherapy	444
	Pharmacy	89
	Occupational Therapist	108
	Fibroscan	5
	RN	0
	RPN	350
	NP	370
	Traditional Healer	0
	Hep C	114
	Hep C Social Worker	14
	Wound Care	18
	Total Number of Referrals	2215



Developmental Services

Overview

The Developmental Services (DS) department is a multidisciplinary pediatric program that delivers community-based and specialty clinic services to children and families. Services are provided through mobile teams that travel to communities, as well as through Sioux Lookout-based clinics.

Our department works closely with the SLAPCT and Nodin Mental Health Services, and each Community/Tribal Council's Jordan's Principle services to ensure children and families receive the care they need. Our primary focus is on supporting children and youth with complex needs, while also addressing service gaps to ensure equitable access for all children in our region.

Access and Service Coordination

Families, physicians, nurses, and school personnel can request services. The Intake Team reviews these requests, obtains informed consent, and coordinates appropriate services.

Services include:

- Audiology
- Autism Spectrum Disorder (ASD) Diagnostic Hub
- Child and Adolescent Psychiatry
- Child Development Education
- Community-Based Rehabilitation Assistance
- Complex Care Navigation
- Developmental Pediatrics
- Dietetics
- Dual-Diagnosis Counselling
- Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Clinic
- Indigenous Liaison
- Occupational Therapy (OT)
- Optometry
- Physiotherapy
- School and Clinical Psychology
- Speech-Language Pathology



DS with K4 Teacher in Webequie



DS Team in North Caribou Lake
First Nation



DS Team in Webequie First Nation

Developmental Services

Annual Reach

- Communities served: 26
- Total trips: 316
- Total clinical days in communities: 1,707
- Children served: 1,683
- Children screened for hearing: 1,122

Programs are tailored to local needs and build on existing community-based services and partnerships.

Highlights

Team Growth and Expansion

- 1 Psychometrist
- 4 Community Rehab Assistants (Cat Lake, Mishkeegogamang, Nibinamik, Webequie)
- 1 Child Development Educator
- 1 Physiotherapist
- 2 Occupational Therapists
- 2 Dietitians
- 2 Administrative Staff
- 1 Community and Clinic Coordinator
- 2 Complex Care Navigators
- 1 Dual-Diagnosis Counsellor

Registered Dietitian Program

- Supports children with complex nutritional needs through group-based nutrition programs for children, youth, and families.

Child Development Education Program

- Launched in September to serve children under age six with developmental needs. Focuses on redirecting Occupational Therapy, Physiotherapy, and Speech-Language Pathology resources to school-aged populations while supporting Pediatrics and Psychology with knowledge translation.

Dual-Diagnosis Counselling Program

- Currently in development with the Psychology program. Expected to begin accepting caseloads in Fall 2025.

Community Engagement and Capacity Building

'Jump into JK' Entry-to-Kindergarten Camps

- Three multidisciplinary camps were delivered in partnership with local schools and preschool programs.



DS Flying into Community



Cat Lake Community Health Hub

Developmental Services

Summer Programs

- Focus shifted to in-community services, with several multidisciplinary programs delivered to Far North communities.

Challenges

Travel and Accommodation Barriers

- With the rapid growth of our clinical team, finding appropriate workspace and accommodation in communities remains a challenge. SLFNHA's Community Health Hubs—expanded this year with new locations in Mishkeegogamang and Nibinamik—have helped address these barriers by providing professional workspaces and accommodations, reducing space limitations during trip planning.

New Workspaces Through Local Partnerships

- As travel to communities becomes more consistent, teams have found additional workspace and accommodation options by partnering with local schools, nursing stations, and community programs. Clinic and Care Coordinators play a key role in organizing flights and logistics across the region to ensure timely and efficient access to care.

Service Pathway Instability Due to Staffing Changes

- Changes in staffing, both internally and with external partners such as Tribal Councils and community-based contracts, continue to affect continuity of care. Management is working closely with stakeholders to align service delivery and adapt processes to meet evolving community needs.

Barriers to NIHB Access Due to Missing Identification

- Many clients face challenges accessing NIHB services because of missing identification. Complex Care Navigators are supporting families to overcome this barrier, with collaboration from NAN helping improve access.

Uncertainty Around Jordan's Principle Funding (January 2025)

- Potential changes to Jordan's Principle funding, especially for programs delivered at the community and Tribal Council level, present a concern. Our department is collaborating with partners to provide transitional support and plan for resource allocation amid these uncertainties.

Moving Forward

Sustaining External Partnerships

- We will continue strengthening relationships with external partners to ensure cohesive service pathways and efficient resource management. This is especially important in light of potential Jordan's Principle funding changes.

Enhancing the Intake Process

- We are exploring improvements such as refining service pathway tracking and assessing the feasibility of an Intake Phone Call. This will help gather relevant background information early and ensure accurate referrals.



DS Team at Tournament of Hope

Developmental Services

Northwestern FASD Diagnostic Clinic Enhancements

Several updates are planned for the Northwestern FASD Diagnostic Clinic, including training our full OT on the intake process. Additional details and updates will follow as the implementation progresses.

Program Expansion – Dual-Diagnosis Counselling

We are preparing to launch the Dual-Diagnosis Counselling program, which will begin accepting clinical caseloads in Fall 2025. This initiative represents a significant step in expanding support for clients with complex care needs.

Referrals by Service	
Adult Audiology	11
Adult Developmental Services - MMW	8
Audiology	272
ASD Assessment	48
Behavioural Therapy	7
Child Development Educator	216
Complex Care Navigator	296
Cultural Liaison	7
Developmental Pediatrician	89
Developmental Psychology	277
Dietitian	42
FASD Diagnostic Clinic	44
Occupational Therapy	160
Physiotherapy	91
Speech Language Pathology	363
Grand Total	1931



DS Team at Tournament of Hope



DS Team Flying

Developmental Services



DS Playing with Child

Referrals by Community of Residence	Referrals	Individuals
Bearskin Lake	67	36
Cat Lake	97	62
Deer Lake	84	42
Eabametoong	47	28
Fort Severn	72	36
Kasabonika Lake	123	84
Keewaywin	13	9
Kingfisher Lake	60	30
Kitchenuhmaykoosib Inninuwug	216	158
Lac Seul	16	16
Marten Falls	1	1
Mishkeegogamang	155	94
Muskrat Dam	9	7
Neskantaga	68	27
Nibinamik	36	26
North Spirit Lake	16	12
Ojibway Nation of Saugeen	8	6
Pickle Lake	1	1
Pikangikum	220	177
Poplar Hill	91	43
Red Lake	2	2
Sachigo Lake	65	35
Sandy Lake	65	52
Savant	2	2
Sioux Lookout	60	44
Slate Falls	18	10
Wapekeka	74	39
Weagamow (North Caribou Lake)	95	57
Webequie	81	54
Wunnumin Lake	69	36
Grand Total	1931	1226



DS at International Meeting on Indigenous Child Health

Developmental Services

Waitlist by Community	
Bearskin Lake	90
Cat Lake	82
Deer Lake	94
Eabametoong	55
Eagle Lake	3
Ear Falls	2
Fort Severn	63
Hudson	9
Kasabonika Lake	194
Keewaywin	33
Kingfisher Lake	69
Kitchenuhmaykoosib Inninuwug	261
Lac Seul	33
Mishkeegogamang	132
Muskrat Dam	16
Neskantaga	66
Nibinamik	56
North Spirit Lake	33
Ojibway Nation of Saugeen	9
Pickle Lake	2
Pikangikum	261
Poplar Hill	81
Red Lake	5
Sachigo Lake	61
Sandy Lake	119
Savant	9
Sioux Lookout	91
Slate Falls	30
Wabauskang	1
Wabigoon Lake	1
Wapekeka	86
Weagamow (North Caribou Lake)	172
Webequie	91
Wunnumin Lake	90
Grand Total	2400

Waitlist by Service	
Adult Audiology	12
Adult Developmental Services - MMW	13
Audiology	513
Child Development Educator	111
Complex Care Navigator	159
Cultural Liaison	33
Developmental Pediatrician	444
Developmental Psychology	363
Dietitian	27
FASD Diagnostic Clinic	102
Infant Hearing Program (IHP)	13
Occupational Therapy	156
Physiotherapy	24
Rehab Assessment	2
Speech Language Pathology	428
Grand Total	2400



DS Team in Dryden
Northern Bands Hockey Tournament

Developmental Services

Caseload by Community		Caseload by Service	
Bearskin Lake	146	Adult Developmental Services - MMW	88
Cat Lake	120	Audiology Adult	20
Deer Lake	228	Auditory Pediatric	351
Eabametoong	108	Child Development Educator	115
Eagle Lake	12	Complex Care Navigator	454
Ear Falls	7	Cultural Liaison	40
Fort Severn	68	Dietitian	118
Hudson	3	Ear Nose and Throat Clinic (Audiology)	117
Kasabonika Lake	268	FASD Diagnostic Clinic	15
Keewaywin	39	Hearing Screenings	1122
Kingfisher Lake	206	Infant Hearing Program (IHP)	13
Kitchenuhmaykoosib Inninuwug	196	Occupational Therapy	223
Lac Seul	111	Developmental Pediatrician	391
Marten Falls	1	Physiotherapy	188
Mishkeegogamang	274	Developmental Psychology	246
Muskrat Dam	55	Rehab Assessment	5
Neskantaga	80	Speech Language Pathology	441
Nibinamik	73	Grand Total	4040
North Spirit Lake	57		
Ojibway Nation of Saugeen	14		
Pickle Lake	28		
Pikangikum	454		
Poplar Hill	213		
Red Lake	21		
Sachigo Lake	142		
Sandy Lake	103		
Savant	14		
Sioux Lookout	205		
Slate Falls	32		
Wabauskang	1		
Wabigoon Lake	12		
Wapekeka	89		
Weagamow (North Caribou Lake)	221		
Webequie	232		
Wunnumin Lake	197		
Grand Total	2400		



DS Team in Fort Severn First Nation

Developmental Services

Optometry Services Data	
Total Adult Clients	1370
Total Paediatric Clients	1005
Total Diabetics	377
Adult Referrals	125
Paediatric Referrals	17
Paediatric Clients Requiring Glasses	898
Paediatric Patients without OHIP	349
Paediatric Clients Without Status Registration	105
Total Clients Received Service	2377

Total Patients by Community	
Cat Lake	128
Deer Lake	212
Eabametoong	227
Keewaywin	72
Kingfisher Lake	79
Mishkeegogamang	90
Muskrat Dam	64
Nibinamik	89
Pikangikum	311
Poplar Hill	205
Sandy Lake	334
Wapekeka	55
Weagamow	223
Webequie	99
Wunnumin Lake	189
Grand Total	2377



Elder Tom Chisel Sharing Drum Teachings



DS Working with Children in Community

Anishiniiw Nanandowi'kikendamowin

Overview

The Anishiniiw Nanandowi'kikendamowin (Research) Program is a community-led research program that supports projects based on health priorities identified by the communities served by SLFNHA (Resolution 12-08).

A Research Advisory Committee, made up of Tribal Council and community members, helps guide the program. This committee reviews project proposals, gives feedback, and provides ongoing support.

The program respects community governance and autonomy in research. Individual communities decide what projects to work on, based on their own needs and priorities.

Our five main priority areas, set by community leaders and health workers, are:

- Mental health & substance use
- Drinking water
- Maternal & infant health
- Food & nutrition
- Traditional practices

However, we remain open to working on other topics that communities identify as important.

Research Process

Project proposal or request

- Could be from a community, external organization, or SLFNHA internal staff. We have 5 research priority areas established from community leadership and health workers (Mental health & substance use; Drinking water; Maternal & infant health; Food & Nutrition; Traditional Practices) but they do not limit what projects we work on.

Project development

- We create project tools and methods in collaboration with community partners.

Ethical review

- All projects are reviewed by an ethics committee to ensure they are safe, ethical, and of value or benefit to communities, community members, and/or health care providers.

Conduct research

- Could include surveys, interviews, sharing circles, sharing stories, or reviewing previously gathered data.

Share findings

- Must be in a format preferred or requested by community, and can include reports, graphics, radio shows, videos, articles, and other formats.

Anishiniw Nanandowikendamowin

Current Work

Our team includes one manager, one coordinator, and one research assistant. We currently have 10 ongoing projects covering topics such as:

- Diabetes
- Cancer screening
- Oral health
- Endocarditis
- Tuberculosis
- Youth mental health
- COVID-19

We collaborate with SLFNHA staff across departments to make these projects possible.

We are finalizing results from four projects and will share them throughout the next fiscal year. We are also updating the SLFNHA website to include:

- How to work with our program.
- Current project details.
- A library of past research.

We are also developing a research framework to guide our work and creating research tools and templates to help communities work with researchers.

Highlights

- Quarterly meetings with the Research Advisory Committee to review proposals, address challenges, and seek project design advice.
- Research agreement between SLFNHA and Lakehead University to support a COVID-19 research project.
- Ongoing projects on diabetes, cancer screening, oral health, and COVID-19.
- Presented cancer screening work and preliminary results at the University of Toronto Research Week and the First Nations Community Wellness Conference in Toronto.
- Completed Shookaawaapinewin Mamow Wichiwewin: Anishiniwaki Ka-ishimatinimentamoowac report and Pregnancy Journey Activity Book (available on the SLFNHA website).
- Shared Shookaawaapinewin Mamow Wichiwewin findings with three participating communities through meetings and presentations.

Moving Forward

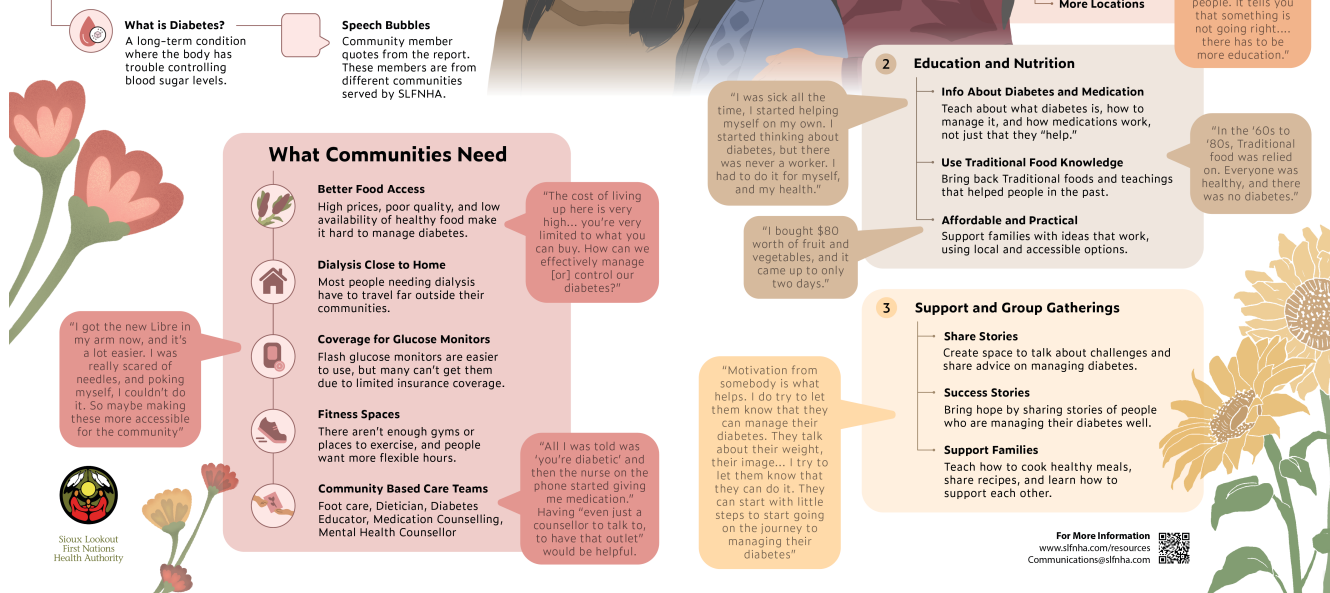
Due to limited staff and funding, we can only take on a select number of projects each year. We prioritize projects that align with community research priorities, SLFNHA resolutions, or advice from leadership. Funding stability could help us build a larger team and meet more goals each year. We also face low attendance at Research Advisory Committee meetings. Many members have other priorities, but recruiting more participants and developing our research framework will help ensure research moves forward in a good way.

Anishiniiniw Nanandowi'kikendamowin

Shookaawaapinewin Mamow Wicihiwewin: Anishinininowak Ka-ishimamitinentamowaac

Diabetes Connections: Community Member Perspectives

The *Shookaawaapinewin Mamow Wicihiwewin: Anishinininowak Ka-ishimamitinentamowaac Report* was created to help capture community member perspectives, experiences, and knowledge about diabetes and diabetes care available in the communities served by the Sioux Lookout First Nations Health Authority (SLFNHA). Many community members described challenges seeing different health workers, unexplained changes to their treatment plans, and difficulties getting the care and tools they need to stay healthy. The intention of this report is to help health care workers and providers to better understand the current situation of diabetes care in community, and to support improvement to available care.



Shookaawaapinewin Mamow Wicihiwewin: Anishinininowak Ka-ishimamitinentamowaac

Diabetes connections: Community member perspectives



Sioux Lookout First Nations Health Authority | August 2023

Nodin Mental Health Services

Overview

Nodin Mental Health Services, a department of the SLFNHA, is committed to supporting the mental wellness of First Nations individuals and communities. Nodin offers a wide range of culturally safe mental health services for children, youth, adults, and families.

Services include:

- Intake and assessment
- Crisis response program
- Psychiatric and psychology services
- Outpatient mental health services (OMHS)
- School-based youth programs
- Travelling mental health counsellors
- Mobile outreach programs
- Community-based children's mental health and addiction services

Through these services, Nodin helps individuals strengthen their ability to cope with challenges, build resilience, and improve overall mental wellness.

Intake Service

The centralized intake service is the main point of contact for all self-referrals and referrals from external organizations. Intake staff review each referral, conduct assessments and consultations, and gather essential background information about the individual's mental health concerns and needs. Based on this information, they connect the individual to the most appropriate service and arrange travel or other supports when necessary.

Highlights

Monthly Staff Audits

- Regular staff audits ensured compliance with Ministry standards and requirements. These audits helped confirm that client needs were met and that services remained effective, consistent, and high quality.

Quality Assurance Oversight

- Quality Assurance Workers monitor and uphold privacy and confidentiality policies, ensure compliance with documentation standards and legislation, and promote a streamlined, client-centered approach to care.

New Role: Health Information Data and Quality Analyst Lead

- In April 2025, a Health Information Data and Quality Analyst Lead—managed by SLFNHA's Health Information Department and dedicated specifically to Nodin—joined the team. This role supports the planning, development, and maintenance of data standards; data cleaning and retrieval; report generation; and analysis. The Analyst works closely with Quality Assurance Workers, management, and other staff to strengthen service quality and ensure ongoing compliance with standards.

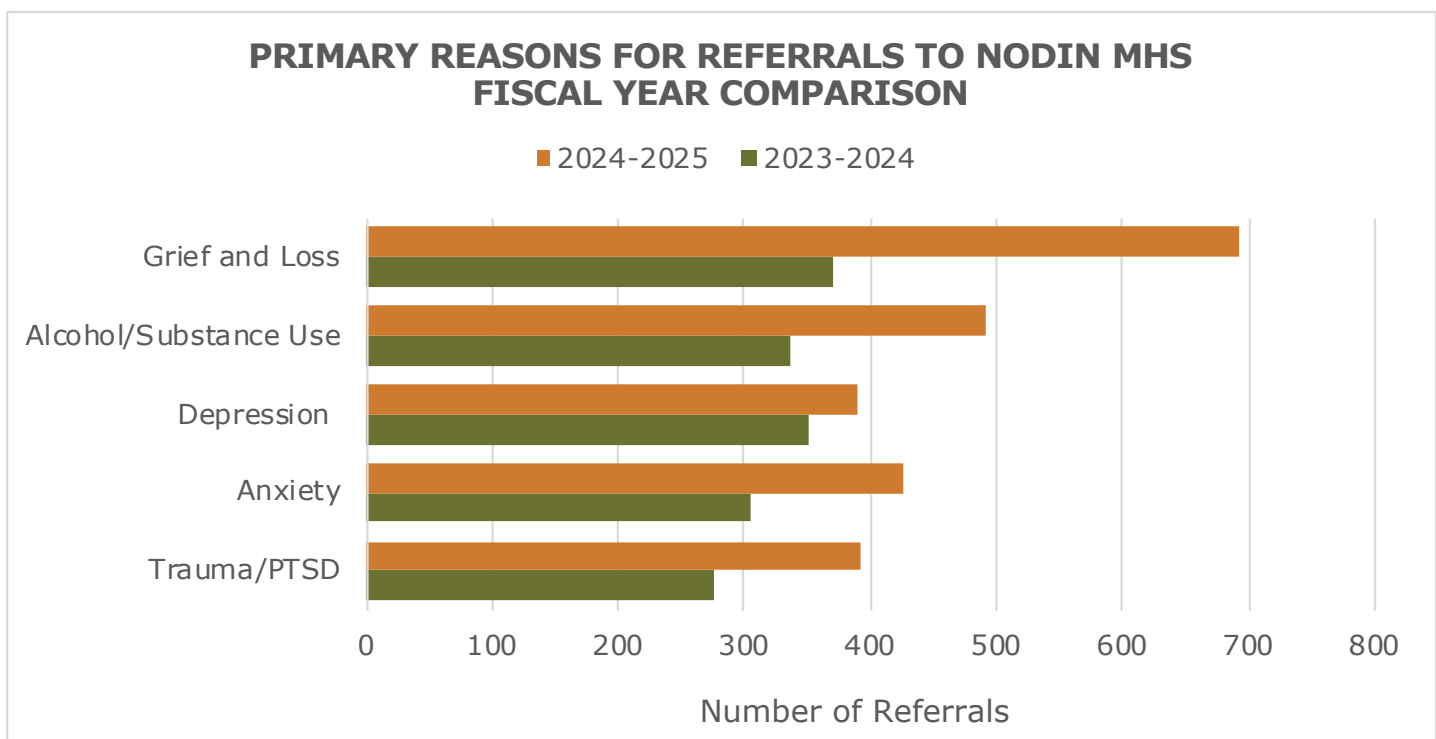
Strengthened Collaboration with Service Providers

- Collaboration with service providers improved significantly, leading to stronger

Nodin Mental Health Services

partnerships, more meaningful dialogue, and services better tailored to diverse client needs. meaningful dialogue and stronger partnerships focused on addressing the diverse needs of clients.

2024 – 2025 (Includes all of Nodin’s Services)			
Number of clients served	Number of referrals received	Number of sessions	Number of hours of direct client care
1,742	2,086	9,124	7,705



Moving Forward

Frequent turnover of medical staff in communities affected the accuracy and efficiency of client triaging. Referrals were sometimes submitted without clear diagnoses or sufficient background information, delaying treatment planning. Intake Clinical/Assessment Counsellors often had to follow up directly with clients, but these efforts were sometimes unsuccessful due to disconnected or incorrect contact information.

Clients also frequently cancelled Nodin appointments with little or no notice. This unpredictability disrupted scheduling, reduced the ability to offer time slots to others, and led to operational inefficiencies and underused resources.

Nodin Mental Health Services

Crisis Response Program

Overview

Nodin's Crisis Response Program provides short-term support to First Nations communities during crises, especially in the immediate aftermath of tragic or unnatural deaths. The program prioritizes timely, culturally grounded, and flexible support tailored to each community's needs.

The process begins with community-initiated requests for assistance and partner engagement. Essential information related to critical incidents is gathered to ensure supports are both respectful and responsive.

Nodin works in collaboration with partners including:

- NAN Hope
- Tribal Councils
- ISC
- Community Crisis Coordinators
- Leadership and Health Directors
- Other SLFNHA departments
- Community-based workers

These partnerships help ensure communities receive the support they need. Sustained collaboration and coordination are essential, especially given that partner organizations frequently rotate staff.

Supports available through the program include:

- Contract crisis workers providing mental health and cultural support.
- Volunteer crisis teams from nearby communities.
- Per diem arrangements for locally formed volunteer teams.

Highlights

In this reporting year, the Crisis Response Program received 81 requests for community support. Through collaborative planning, Nodin worked closely with partners to develop coordinated support plans. Once needs were identified, resources were mobilized and supports were deployed based on the specific crisis and assistance requested.

Moving Forward

- Mobilizing sufficient resources remains difficult due to limited personnel and logistical constraints.
- Maintaining a roster of contract crisis workers is challenging because higher-paying contracts elsewhere often result in last-minute cancellations and instability in services.
- There is ongoing need for clarity regarding Nodin's defined role. The program is designed for short-term crisis support, not long-term care; however, requests often exceed this scope.
- Funding limitations and a small contractor pool make it difficult to meet the high number of requests.

Nodin Mental Health Services

- Many requests were for long-term counselling, assistance outside communities (e.g., evacuation sites), or to serve as counsellors in communities without mental health workers—services outside the program’s intended scope.
- Nodin continues to make exceptions to meet urgent community needs whenever possible. However, the current funding level does not cover the growing demand for crisis services, including requests outside the program’s scope. Rising costs for travel, accommodation, and other essentials contribute to a significant and increasing funding deficit.
- There was still insufficient clarity regarding Nodin’s defined role as a crisis response

REQUESTS

From April 1, 2024, to March 31, 2025, Nodin’s Crisis Response Program received 81 requests from communities for support (76 were unnatural deaths, and 5 were crisis due to a non-fatal or natural occurring crisis). In many of these cases, Nodin worked with multiple partners to pool resources together to support each crisis. The following shows the totals in bold and below each shows the breakdown:

894

Days Crisis
Contractors Spent
In Communities

124

Trips That Crisis
Contractors Took
Into Communities

32

Crisis Teams
Arranged

202

Days Crisis
Teams Spent In
Communities



Nodin Mental Health Services

Tragic Deaths Reported to Nodin with Requests for Support

A total of 76 tragic deaths were reported to Nodin this year, prompting requests for crisis response and support. In some cases, the official cause of death was undetermined at the time of reporting.

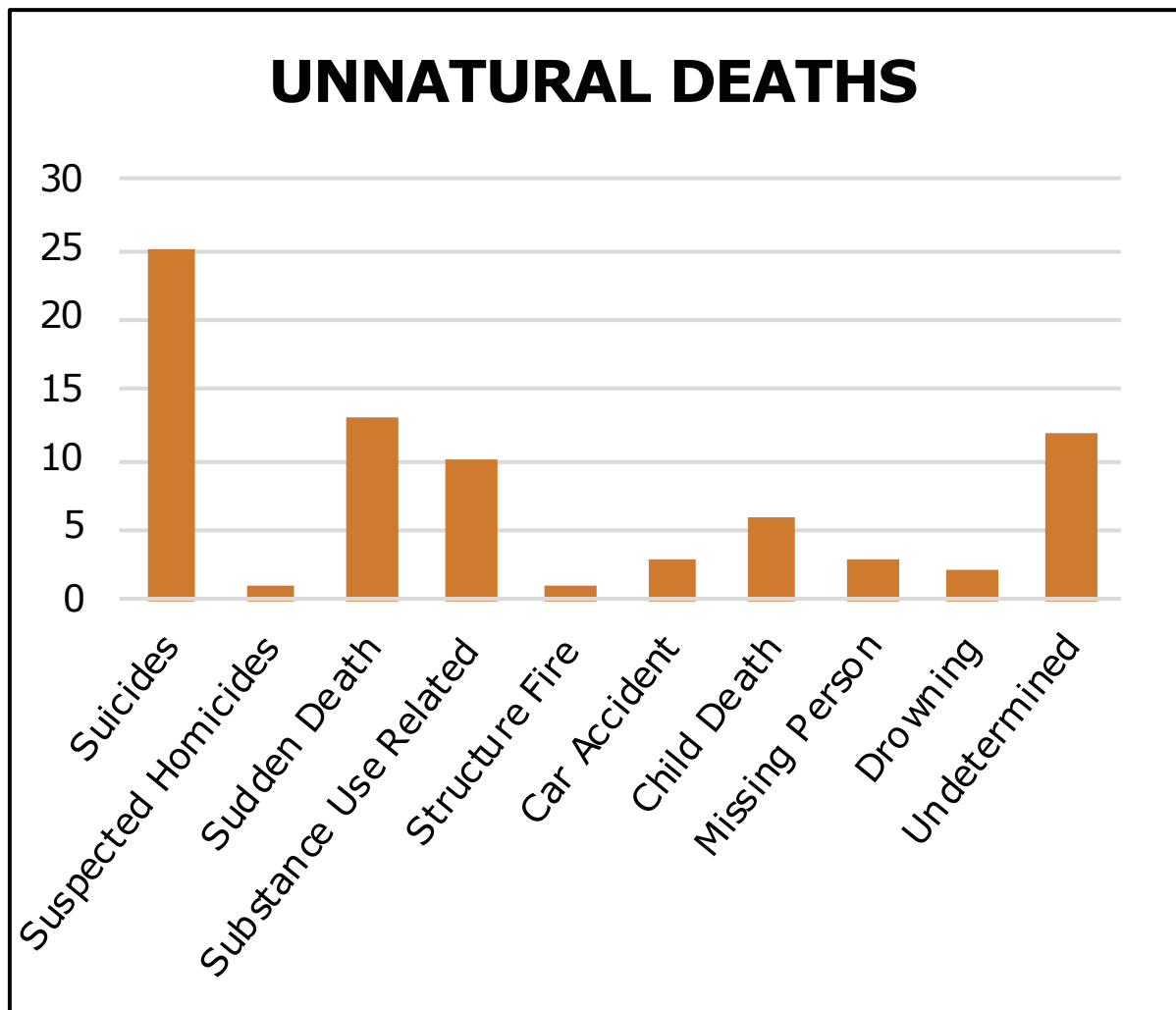
Breakdown

- Suicides (25 total): 6 youth (<18), 11 young adults (18–29), 8 adults (30+).
- Suspected homicide (1 total): 1 adult.
- Other unnatural deaths (50 total): Includes 13 sudden deaths (cause undetermined) and 10 substance use-related deaths.

Support in Nonfatal or Naturally Occurring Crises

While Nodin historically responded mainly to unnatural deaths, it also provided crisis support during other emergencies. In total, 5 nonfatal/natural crisis incidents were supported, including:

- Multiple suicide attempts within a community.
- Community lockdown and house fire.
- Allegations of teacher misconduct.
- Stabbing incident at an elementary school.
- A suspected suicide pact involving 17 youth and 1 young adult in a single community.



Nodin Mental Health Services

Psychiatric Service

Overview

This service provides non-acute psychiatric care to individuals from 33 remote northern communities served by SLFNHA, as well as to clients living in the Sioux Lookout area. Psychiatrists assess, diagnose, and offer treatment recommendations, and in some cases provide short-term follow-up care. Treatment and prevention plans are developed in collaboration with the Psychiatric Service team to ensure recommendations are effectively implemented.

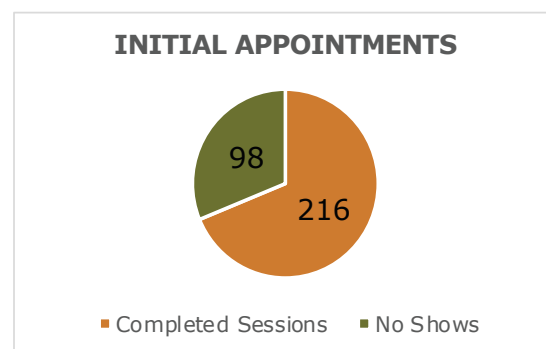
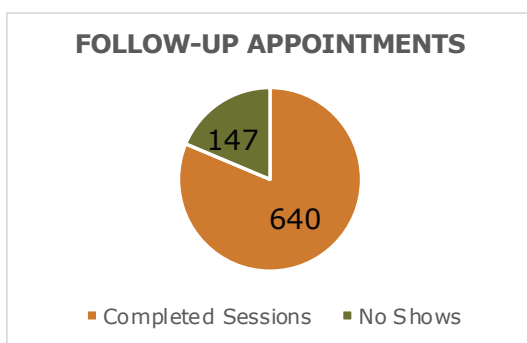
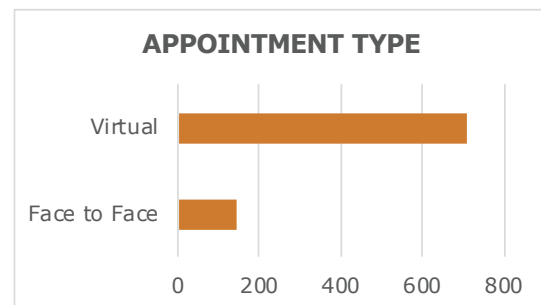
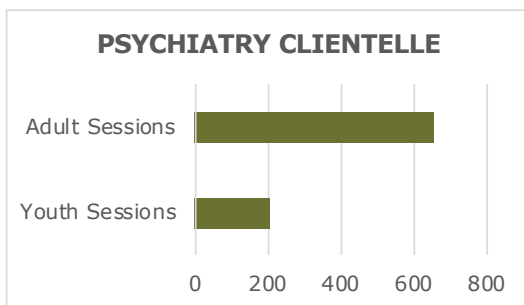
Multidisciplinary Team

1 Manager	
2 Case Management Nurses	1 Booking Clerk
1 Clinic Coordinator	4 Part-time Psychiatrists

*Equal to approximately 1.2 full-time employees.

Highlights

- 465 unique clients served, totaling 856 sessions.
- 114 clients were children and youth, accounting for 203 sessions.
- 640 follow-up appointments completed, involving 255 unique clients.
- 408 referrals received, resulting in 216 new clients matched with a psychiatrist (some referrals were repeats, declined, or unreachable).
- Internal child psychiatry service increased from 1 to 1.5 days per week.



Nodin Mental Health Services

- Expanded capacity with additional psychiatrists, enabling more in-person and Telemedicine appointments, as well as urgent psychiatric support in partnership with SLMHC.
- Strengthened community-based care by increasing face-to-face sessions and improving access to psychiatrists within home communities.
- Implemented a structured triage process and expanded indirect care (e.g., consultations and case reviews without direct contact) to improve timeliness and efficiency.
- Partnered with Child and Adolescent Psychiatry Services (CAPS) to improve youth access to care, securing funding for additional nursing and social work support.
- Continued progress in developing the regional psychiatry program with SLMHC, SLRPSI, and SLFNHA.

Moving Forward

- Multiple funding streams—including DS, SLAPCT, Nodin, and Physician Services—make contract management complex.
- Securing consistent year-round psychiatry coverage remains a priority; six new psychiatrists have expressed interest, with two already onboard and four starting in the fall.

Psychology Service

Nodin's Psychology Service provides specialized assessment and treatment for mental health disorders, prioritizing children and youth (ages 0–17.9) while also serving adults based on capacity and need. Services combine clinical assessment, trauma-focused therapy, and consultation to support mental wellness across communities.

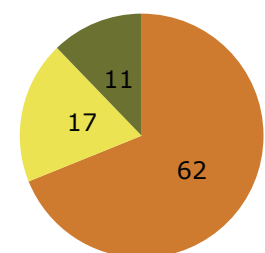
Services Include:

- Comprehensive diagnostic testing for mood disorders, anxiety, and trauma.
- Evidence-based therapies such as Eye Movement Desensitization and Reprocessing (EMDR).
- Collaboration with physicians and mental health professionals to create tailored treatment plans.
- Support for local service providers—such as nurses, police, teachers, and crisis workers—through consultation and training to promote trauma-informed care.

Highlights

- 90 referrals received: 62 clients received services from Nodin, 11 were referred to another SLFNHA department, and 17 did not receive services.
- Implemented structured triage to prioritize and allocate resources effectively.
- Expanded indirect care options, including consultations and case reviews without direct client contact.
- Contracted psychologist transitioned to a full-time position.
- Psychology student from Adler Graduate Professional School provided virtual counselling for youth and adults.

REFERRALS RECEIVED



■ Completed Appointments
■ Not Seen
■ Deferred

Nodin Mental Health Services

- Psychologist played a lead role in the Kiiwe Minoyaawin Return to Wellness – Wholistic Family Camp, facilitating three successful camps.
- Two psychologists joined DS; discussions underway for an additional part-time psychologist to improve client access.
- Acting Psychiatric Service Manager role supported the development of the Regional Psychiatry Program.

Moving Forward

- The psychologist's management role in the Psychiatry Program reduced direct client care; recruitment for a Specialty Services Manager is underway to allow a return to full-time clinical work.
- Recruitment of a full-time Indigenous psychology intern for September 2025 is expected to further expand capacity.
- Many clients are unfamiliar with differences between psychology, counselling, and psychiatry, leading to confusion and misdirected referrals.
- Influx of clients has led to limited treatment options, difficulties in continuity of care, and high no-show rates.
- Influx in duplication of services, limited intensive treatment options, difficulties maintaining continuity of care, and high no-show rates.

OMHS

Overview

OMHS is a specialized outpatient program supporting First Nations children and youth who are transitioning out of acute crisis and are ready to address underlying causes of mental health struggles and high-risk behaviours.

The program offers a safe, culturally sensitive, and trauma-informed environment where healing and growth are prioritized.

Key Features

- Priority given to children and youth referrals (ages 0–17.99), with adult clients accepted based on capacity and need.
- Voluntary participation, allowing clients to engage at their own pace. Delivered as a five-day, in-person program (Monday–Friday) in Sioux Lookout.
- Referrals must be made by a nurse or physician due to the coordination required for medical travel and accommodation.
- Focus on building resilience and breaking cycles of crisis, violence, addiction, and intergenerational trauma.
- Not a crisis intervention program—clients with urgent safety concerns are directed to emergency services.

Nodin Mental Health Services

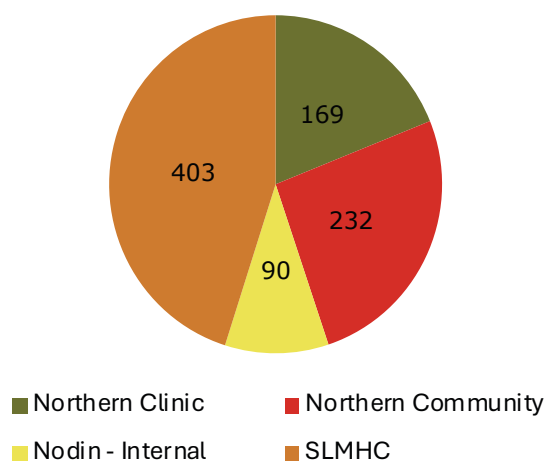
Multidisciplinary Team

1 Manager	
2 Clinical Assistants	1 Case Manager
1 Administrative Assistant	1 Clinical Supervisor
2 Substance Abuse Counsellors	4 Mental Health Counsellors
1 Art Therapist	1 Psychologist
1 Psychology Practicum Student	2 Cultural Support Workers

Highlights

- 741 unique clients served, totaling 3,573 sessions.
- Of these, 255 were children and youth, accounting for 1,151 sessions.
- 1,032 referrals received.
- Partnership with Anishinabewadiziwin and other SLFNHA departments to launch the Kiiwe Minoyaawin: Return to Wellness – Wholistic Family Camp, providing families, children, and youth a culturally grounded healing space through counselling, cultural activities, and group work.
- Three camps held: August 12–16, 2024; October 7–11, 2024; March 3–7, 2025.
- Referral pathway revisions with SLMHC's Mental Health and Addictions Program improved coordination, access, and continuity of care.
- All frontline staff completed Assessing and Managing Suicide Risk (AMSR) training, enhancing suicide prevention and intervention capacity.
- Standardized clinical documentation system implemented for counselling staff to improve compliance, information sharing, and outcome tracking.
- Documentation audit system revamped to strengthen adherence to standards, service quality, and client safety.

PRIMARY REFERRAL SOURCES



Moving Forward

- Delays in travel authorizations, difficulties contacting clients, and miscommunication between agencies and clients created barriers to timely care.
- Escort challenges, particularly for youth and clients with complex needs, included limited availability and inappropriate assignments, sometimes resulting in premature program departures.

Nodin Mental Health Services

Travelling Mental Health Counsellors

Overview

Nodin's travelling counsellors provide community-based counselling to First Nations communities through a rotational schedule—one week in Sioux Lookout followed by one week in an assigned community.

Services Include:

- Support for children, youth, and adults with mental, emotional, and behavioural health needs.
- Culturally sensitive, person-centered therapeutic plans tailored to individual client needs.
- Counselling, psychoeducational sessions, and crisis response support in partnership with the Crisis Response Program.
- Assistance with community wellness initiatives such as the Family Wellness Camp, group facilitation, and modelling healthy behaviours.

Highlights

- Six communities served: Weagamow, Poplar Hill, Sandy Lake, Keewaywin, North Spirit Lake, and Kasabonika.
- 172 unique clients served, with 545 total encounters.
- 66 trips made between the six communities.
- Strong working relationships maintained with community members and service providers, improving service delivery and addressing community needs.

Moving Forward

- Housing shortages in Sioux Lookout and communities hinder recruitment and retention.
- Only 3 of 13 counsellor positions currently filled, with strict professional registration requirements limiting the candidate pool.
- Travel demands, high per diem rates elsewhere, and lack of consistent funding further impact staffing stability.
- Inadequate funding forces counsellors to split time between two communities, limiting consistent support.
- Lack of confidential space for sessions and uncertainty around securing workspace in some communities.
- Missed appointments due to community events, unforeseen circumstances (e.g., funerals), or difficulty confirming client availability.

Nodin Mental Health Services

Mobile Outreach Workers

Overview

Nodin employs two Mobile Outreach Workers to support some of the most vulnerable individuals in Sioux Lookout—those who are homeless or underhoused, living with substance use and/or mental health challenges, and facing complex social and health needs. Many are originally from northern communities and may be disconnected from healthcare systems or reluctant to seek help through traditional means.

Outreach Workers regularly patrol Sioux Lookout in an Outreach Van, engaging individuals where they are and building trust through consistent, compassionate presence. They assist clients in re-establishing supportive connections, returning to their home communities, and linking to essential services.

Outreach services include:

- Street-level outreach and crisis intervention.
- Harm reduction and prevention.
- Case management and client advocacy.
- Referrals and collaboration with internal and external service providers.
- Non-judgmental, individualized support.

Highlights

- Built strong, trusting relationships with marginalized and high-risk individuals, ensuring they feel seen, heard, and supported.
- Conducted daily wellness checks and responded promptly to referrals from service providers, including Ontario Provincial Police (OPP).
- Provided front-line support during medical appointments and emergency room visits, ensuring vital information was communicated to care providers.
- Facilitated timely access to specialized care, including Rapid Access Addiction Medicine (RAAM) Clinic, NWHU, and other regional resources.
- Supported client repatriation to home communities, reducing criminalization and ensuring continuity of care.
- Initiated a Winter Clothing Drive to provide warm clothing to clients in need.

Moving Forward

- Original funding from NWHU was discontinued, requiring Nodin to absorb costs and seek new funding sources.
- Difficulty securing private, confidential spaces for client sessions, impacting service delivery.

Nodin Mental Health Services

School-Based Youth Counsellors

Overview

Nodin employs two full-time School-Based Youth Counsellors (YSCs) to support First Nations students attending Sioux North High School (SNHS). Many students relocate from northern communities and face unique mental, emotional, and cultural challenges.

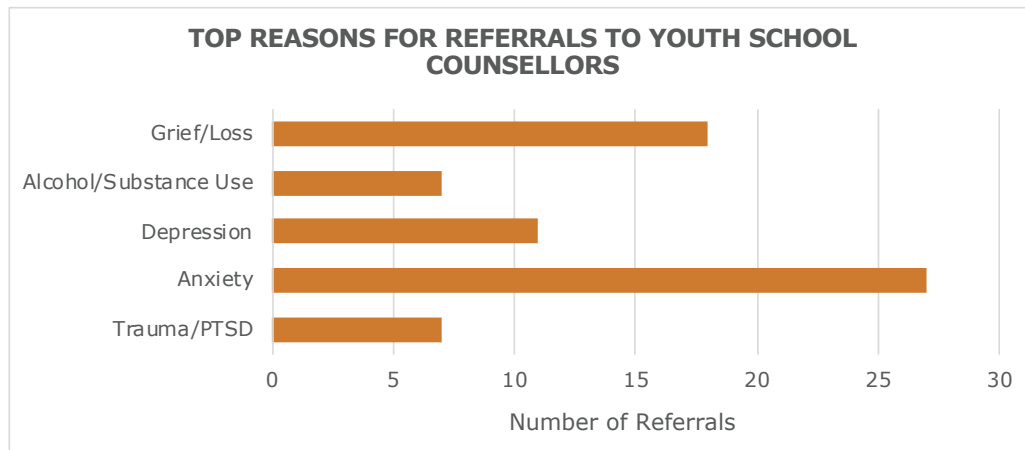
Services Include:

- Individual counselling and psychotherapy to promote wellness and resilience.
- Skill-building for coping, emotional regulation, and self-awareness.
- Group programs, mental health workshops, and culturally grounded activities to reduce stigma and promote reconciliation.
- Virtual and in-person support during school breaks.

Highlights

- 65 referrals, with 48 for youth under 18 years.
- 99 unique students served, totaling 849 counselling sessions.
- Collaborated with SLFNHA's Anishinaabewaadiziwin department to provide cultural opportunities, and with the ACW department to promote sexual health.
- Supported school events such as Orange Shirt Day and Mental Health Week.
- Provided coping skills activities, including art and writing, and contributed to Family Wellness Camps.

Moving Forward



- Student absences and inconsistent follow-up from partner organizations disrupted continuity of care.
- Navigating family dynamics while maintaining confidentiality was challenging.

Nodin Mental Health Services

Community-Based Children's Mental Health/Addictions Workers

Overview

Community-Based Children's Mental Health/Addictions Workers (CMHAWs) provide year-round mental health and addictions support to First Nations children and youth under 18, bridging access to specialized care when needed.

Services Include:

- Emotional support, basic mental health guidance, and case coordination.
- Wellness check-ins and information gathering to identify needs and make referrals.
- Cultural care and support to promote identity, connection, and well-being.
- Crisis response and linkage to further supports.
- Psychoeducational presentations on mental health topics.
- Participation in community events to build trust and visibility.

Highlights

- Participated in traditional cultural activities and community events such as feasts and powwows.
- Collaborated with other service providers, including NAN, to deliver programs.
- Maintained long-term roles in their communities, fostering trust and continuity of care.
- Provided translation services to support client communication and interagency coordination.

Moving Forward

- Recruiting CMHAWs from within communities remains difficult.
- Feelings of isolation from the broader Nodin team, with limited on-site supervision.
- Ongoing issues securing suitable office space, often requiring staff to work from home.
- Technology challenges due to remote work and delayed updates.
- Only 3 of 14 positions currently filled; funding levels have remained unchanged since the program's early years, limiting capacity.



Oral Health

Overview

The Oral Health Services Department is continuing its work to create a First Nations–led oral health program, clinic, and services for 31 SLFNHA communities.

The SLFNHA dental clinic will restore a much-needed service for our community and for urban members in Sioux Lookout. The team has been developing an operational plan, as well as policies and procedures for infection prevention and control at the clinic.

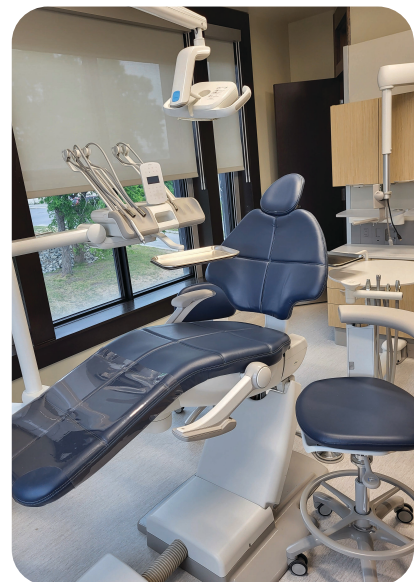
A major goal for the upcoming year is to have the four-operator dental clinic fully operational.

Highlights

- Completed the Oral Health Business Case and Implementation Strategy, which is currently being reviewed by leadership.
- Conducted consultations and site visits with eight communities as part of the business case development. The communities visited were: Wabigoon Lake Ojibway Nation, Sachigo Lake, Wunnumin Lake, Keewaywin, Webequie, Kitchenuhmaykoosib Inninuwug, Sandy Lake, and Pikangikum.
- Held an in-person Oral Health Advisory Group meeting on October 29, 2024, in Sioux Lookout.
- Submitted two proposals to the Oral Health Access Fund. These proposals were to:
 - Staff and operate the dental clinic.
 - Launch a mobile denture initiative.
- Hosted University of Toronto dental research students in January 2025 at Bearskin, Muskrat Dam and Mishkeegogamang. Research projects are expected to be completed by September 2026.
- Supported the Kiiwe Minoyaawin (Return to Wellness) Family Camps with oral health care aids, assessments, education, and referrals.

Moving Forward

- Resuming clinical dental services in Sioux Lookout continues to be a challenge.
- Funding for the Oral Health Program, including the Children’s Oral Health Initiative, remains a concern.
- Gathering information and data from the ISC Sioux Lookout Dental Program continues to be difficult, even after submitting an Access to Information and Privacy request.
- A deficit occurred during the operation of the General Anesthetic Dental Initiative (GADI). The GADI received funding from Jordan’s Principle, but as of May 2025 no response has been received regarding the deficit.



SLFNHA Oral Health Clinic

Oral Health



Janet Gordon at SLFNHA Oral Health Clinic



Oral Health Team at Northern Bands Tournament



Oral Health Team in Webequie

CHW Diabetes Program

Overview

SLFNHA and the University of Toronto have partnered to deliver the CHW Diabetes Program. The goal of the program is to support people living with diabetes, especially in First Nations communities.

We aim to strengthen diabetes care by training and empowering CHWs to:

- Support diabetes patients.
- Plan community wellness activities.
- Share health information.
- Help manage diabetes effectively.

When CHWs are trained and supported, people living with diabetes can take a more active role in their own care. This improves their quality of life and helps prevent serious complications such as high blood pressure, amputations, kidney failure, heart attacks, and strokes. The program is currently working with 21 communities in the SLFNHA catchment area.

Highlights

- Completed three Community Capacity Assessments to officially onboard Ojibway Nation of Saugeen, Webequie, and Sachigo Lake. The program now includes 21 communities.
- Hosted the Annual Forum in July 2024, which featured workshops on gestational diabetes, healthy eating, traditional teachings and activities, and networking opportunities. Eleven health workers from eight communities attended.
- Partnered with Indigenous Diabetes Health Circle to provide Level 1 Foot Care training to CHW specializing in diabetes and home care. Eighteen CHWs completed the training.
- Addressed diabetes complications such as retinopathy. Following recommendations from the SLFNHA Diabetes Report (2022), partnered with Vision Loss Rehabilitation to obtain four retinal screening devices. Training for CHWs to use these cameras is being planned.
- Launched the Continuous Glucose Monitoring (CGM) Project — a non-blinded, open-label randomized trial to study the effectiveness of CGM in improving blood sugar control and reducing diabetes-related stress in First Nations individuals with Type 2 diabetes in two northwestern Ontario reserves. Monthly follow-up will run for 6–12 months. The project design was approved by the Ethics Boards at SLMHC and the University of Toronto. Funding approval is pending with Abbott.

Moving Forward

- High program staff turnover in the past year. The Community Engagement Lead position was vacant for nine months, and the Program Assistant position was vacant for 4.5 months.
- Frequent turnover of CHWs makes it harder to maintain strong relationships with communities. The program continues to focus on improving job satisfaction, offering support, and providing training as requested.
- Due to staff turnover, our ability to travel and engage with CHWs was reduced, limiting training opportunities in communities.

Physician Services

Overview

Established in 2010, SLRPSI was created to provide innovative, patient-focused physician services in the Sioux Lookout area. SLRPSI was founded to manage physician services within the region, and this commitment remains strong. Our mission is to provide exemplary, patient-centered physician care that optimizes quality of life. This is delivered by a dedicated team that integrates clinical and academic expertise to support the vision of SLRPSI.

SLRPSI Board Members 2024-2025:

Physician Members	SLMHC Members	SLFNHA Members
Dr. Marilyn Koval	Dean Osmond, Secretary	Howard Meshake, Vice-Chairperson
Dr. Usne Butt	Dr. Joe Dooley	Samuel McKay
Dr. Joanne Fry	Vacant	Michelle Kakegamic

The SLRPSI Board extends sincere appreciation to our outgoing Board members:

- Dr. Ben Langer, Physician Rep, 3 years of service as of June 14, 2024.
- Dr. Ruben Hummelen, Physician Rep, 7 months of service as of January 31, 2025.
- Dr. Laurel Laakso, SLMHC Rep, 4 years of service as of January 31, 2025.

We welcome our new Board members:

- Dr. Ruben Hummelen, Physician Rep, accepted June 14, 2024.
- Dr. Marilyn Koval, Physician Rep, accepted January 31, 2025.
- Dr. Joe Dooley, SLMHC Rep, accepted March 31, 2025.

Highlights

- Reviewed and approved the 2024–2025 budget.
- Completed the refreshed Strategic Plan (October 2024).
- Approved and appointed the new SLRPSI Medical Director.
- Approved and appointed the VER and Community Coverage Lead.
- Approved and appointed the Northern General Pediatric Lead.
- Negotiated the Mainframe Agreement.

SLRPSI Specialist Program

- Successfully implemented orientation for specialist physicians.
- Transitioned the Specialist Working Group to include all sub-specialties (Pediatrics, Internal Medicine, and Psychiatry) for a unified strategic approach.
- Welcomed three new locum specialists (two in Pediatrics, one in Internal Medicine) to the region.

Physician Services

Physician Coverage Highlights

(2024–2025 figures compared to 2023–2024 figures with % change)

- Family Medicine Physician Days – Northern Communities: 3,389 (↑ 1.5%)
- Northern In-Person Client Encounters: 25,785 (↓ 16.65%)
- Addiction Specialist Physician Visits – Northern Communities: 263 (↑ 35.57%)
- General Pediatric Specialty Days – Northern Communities: 110 (↑ 168.3%)
- General Pediatric Northern In-Person Client Encounters: 109 (↓ 30.6%)
- General Health Visits – Sioux Lookout Northern Clinic: 3,828 (↓ 8.14%)
- Specialty Clinic Visits (Sports Medicine, 2SLGBTQ+): 463 (↓ 18.34%)
- Nurse Practitioner Visits – Sioux Lookout Northern Clinic: 728 (↑ 1,633.34%)
- Average Number of Clients per Week – Northern Clinic: 97 (↑ 21.25%)
- Northern Clinic No-Show Total: 943 (↑ 0.86%)

Physician Services

Overview

Through a management agreement with SLFNHA, the Physician Services department provides administrative support to execute the SLRPSI Board's strategic direction. Day-to-day operations are overseen by the Vice President of Community Health and the Director of Physician Services. Physicians provide care in multiple settings, including emergency, inpatient, outpatient, and northern community clinics — both in-person and remotely.

Key Functions

- SLFNHA Executive provides governance and compliance oversight.
- Support and participation in SLRPSI committees and working groups (Governance, Finance, EMR, R&R, Mainframe, Per Diem, Specialist).
- Continuous improvement of electronic health records and technical support.
- Nursing and clinical care provision at the Northern Clinic, including interpreting services.
- Administrative support for approximately 125 physicians monthly, covering recruitment, orientation, retention, accommodation, travel, HR, scheduling, contracting, finance, and OHIP billing.
- Attended 15 in-person physician conferences.
- Welcomed and onboarded 45 new locums to Sioux Lookout (67% retention rate).
- Added new physician accommodations: 70 7th Avenue (5-plex building).
- Expanded Electronic Medical Records system (OSCAR) to 130 external users and additional nursing stations.
- Signed Physician Services Agreements with 50 physicians:
 - 35 Northern Practice physicians (13.877 FTEs).
 - 2 Specialist physicians (Internal Medicine, Pediatrics) – 1.636 FTEs.
 - 13 Hugh Allen Clinic physicians – 11.25 FTEs

Physician Services

- Ongoing physician shortages (emergency, daytime coverage, phone support).
- Lack of ED physician resources and increased use of Emergency Department Locum Program (EDLP).
- Decreased physician resources for daytime phone support (8am-5pm) and struggles filling the community coverage role weekly.
- No increase to the Recruitment and Retention budget.
- National physician shortage requiring competitive incentives.
- Shortage of physician accommodations (loss of 3 trailers).
- Limited clinic space for treatments and technology.

Moving Forward

- Finalize the Mainframe Agreement with MOH.
- Renegotiate ISC support services for Physician Services.
- Update governance manual and complete a governance review.
- Advance Specialist Program development (Pediatrics, Psychiatry, Internal Medicine priority).
- Strengthen relationships with First Nations communities and leadership.
- Collaborate on integrated regional health records system.



Waiting Room at Northern Clinic

Physician Services

Physician Coverage Highlights

Facts	Figures (24-25)	Figures (23-24)	(% change)
Family Medicine Physician Days - Northern communities	3,389	3,339	1.5% increase
Northern In-Person Client Encounters	25,785	23,330	16.65% decrease
Addiction Specialist Physician in northern communities – Opiate Replacement Therapy Programs.	263	194	35.57% increase
**General Pediatric Speciality Days – Northern communities	110	41	168.3% increase
**General Pediatric – Northern In-person Client Encounters	109	157	30.6% decrease
Client general health visits to the Sioux Lookout Northern Clinic* (includes locums, contracted physicians)	3,828	4,167	8.14% decrease
Client visits for speciality clinics (which includes both Sports Medicine and 2SLGBTQ+ clinics) at the Sioux Lookout Northern Clinic	463	567	18.34% decrease
Client visits with the Nurse Practitioner(s) at the Sioux Lookout Northern Clinic	728	42	1,633.34% increase
Average number of clients seen per week at the Sioux Lookout Northern Clinic	97	80	21.25% increase
Northern Clinic Client Total No Show	943	935	0.86% increase

**General Pediatric Specialty Days do not include DS Pediatric services days and encounters to the north.

Miigwetch to our Partners!

Aboriginal Healing & Wellness Strategy

Carleton University

Canada Council of the Arts

Chiefs Council on Health

Chiefs of Ontario

Children's Mental Health Centre of Excellence

Children's Hospital of Eastern Ontario

Choose Life

Community Counselling & Addiction Services

FIREFLY

First Nations Family Physicians and Health Services

First Nations Health Authority

First Nations & Inuit Health Branch

Fort Frances Tribal Area Health Authority

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

University of Toronto

Wabun Tribal Council

Weeneebayko Area Health Authority





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