



Sioux Lookout
First Nations
Health Authority



ANNUAL REPORT

2017/18



Josias Fiddler, Luke Mamakeesic, Allen Meekis, Peter Fiddler, Peter Goodman of Sandy Lake staged a hunger strike in 1988 to protest years of poor health care for First Nations.

DEDICATION **REMEMBERING THE HUNGER STRIKE OF 1988**

Sioux Lookout First Nations Health Authority (SLFNHA) dedicates this Annual Report to the five Sandy Lake First Nations men who on January 18, 1988 wound up improving healthcare for communities in Northwestern Ontario.

A hunger strike at the Sioux Lookout Zone Hospital in Sioux Lookout was staged by members of Sandy Lake First Nation. They were the late Josias Fiddler, the late Luke Mamakeesic, the late Peter Goodman, along with the surviving members of the group; Peter Fiddler and Allen Meekis. The men were frustrated with what they described as “years of frustration, meaningless consultation, worsening health and deteriorating relations between Aboriginal communities and the Medical Services Branch (*Health and Welfare Canada*).”

Native leaders and the Federal Government negotiated an agreement and ended the fast on January 20, 1988. As a result, a three-member review panel was created that included Wally McKay, Dr. Harry Bain, and Archbishop Edward Scott.

The three-person panel held its first formal meeting on March 17, 1988 and by May 1989 a 138-page report entitled *From Here to There – Steps Along the Way*” was released. The report outlined numerous issues/findings and made recommendations. By March 1989 Sioux Lookout Zone Chiefs made the recommendation to create an Aboriginal Health Authority, leading to the formation of Sioux Lookout First Nations Health Authority.

Fort Severn

Sachigo Lake

Bearskin Lake

Wapekeka

Kitchenuhmaykoosib

Muskrat Dam

Kasabonik

Sandy Lake

Koocheching

Wawakapewin

Deer Lake

Keewaywin

Weagamow Lake

Nibinamik

North Spirit Lake

Kingfisher Lake

Treaty's

Poplar Hill

McDowell Lake

Wunnumin

Cat Lake

Slate Falls

Eab

Pikangikum

Mishkeegogamang

Lac Seul

Saugeen

Savant Lake

Sioux Lookout

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JOHN CUTFEET

BOARD CHAIR

The big story this year was the beginning of the health transformation movement. The ball actually started rolling when the Sioux Lookout area Chiefs passed a resolution in September 2015 calling for a declaration of Public Health Emergency in our communities.

The Federal and Provincial Governments did not want to declare a state of Emergency, so Nishnawbe Aski Nation and Chiefs did it themselves. In response to this declaration, Ontario announced Provincial Funding in the amount of \$222-million dollars for on-reserve programs, the first of its kind. A trilateral process was also developed to address the specific needs of NAN communities by transforming the health system. The NAN Charter of Relationship Principles was signed by Grand Chief Fiddler and the provincial and federal health ministers in July 2017.

All of these developments came to fruition and implementation this past year. In terms of the Health Authority, the lead project was the Family Health Team, where we will hire specialists to live in Sioux Lookout and work with children and their families in the communities. Examples of the specialists are nurse practitioners, dieticians, physiotherapists, pharmacist, social workers, traditional healers, etc.

Transformation across NAN will occur at the funding, legislative and policy level. NAN has hired Ovide Mercredi as the lead negotiator to negotiate directly with the health ministers. This will work to address many of the challenges that SLFNHA and communities face as a result of government driven policies and funding approaches. The goal is to decolonize the system and develop First Nations control over financial resources so that resources are distributed at the appropriate level and based on community priorities rather than government priorities.

So far, NAN has organized several major conferences with leaders, community & regional health staff, elders & youth to explain the health transformation process. What must be done now is engagement with the people in the communities. Communities will decide how they want their health organizations to help them. It will be the responsibility of the Health Authority, Board of Directors, staff and other like-minded people to make sure that the wishes of the community people are honoured and implemented.

BOARD OF DIRECTORS

BOARD CHAIR

John Cutfeet, Kitchenuhmaykoosib Inninuwug
Independent First Nations Alliance

BOARD SECRETARY/TREASURER

Bertha Bottle, Lac Seul First Nation

BOARD MEMBERS

Orpah McKenzie, MacDowell Lake First Nation
Keewaytinook Okimakanak

Allan Jethro Tait, Sachigo Lake First Nation
Windigo First Nations Council

Brenda Fox, Mishkeegogamang First Nation

John McKay, Sandy Lake First Nation

Vacant – Shibogama First Nations Council

Vacant – Matawa First Nations Management

NON-VOTING, EX-OFFICIO BOARD MEMBER

Terri Farrell, SLFNHA Medical Director

BOARD ELDERS

Thomas Spade, Mishkeegogamang First Nation

Emily Jacob, Webequie First Nation



JAMES MORRIS

EXECUTIVE DIRECTOR

I am very happy to present our Annual Report for 2017-18 to the membership. It has been a very busy year with changes that have improved the services we provide and other changes which have created challenges for us.

First, you will notice when you review the audit, that the budget grew from \$24 million in 2016-17 to \$36 million this past year. The problem that this presented is two-fold: capacity and space. Finding the right people to do the work is becoming more problematic. The difficulty of attracting professionals to work in remote and hard to serve areas has always been a challenge and it continues to this day. At the same time, it is difficult to find trained people from our own area. This is an issue that needs to be addressed in new and innovative ways. Work space, both in Sioux Lookout and in the communities, is difficult at the best of times and while we have long term solutions in the works, it is difficult to find work space for staff now.

The other change which has occurred this year is the large increase in the number of patients coming to Sioux Lookout all year. The highest number of patients was 336 on May 17-18, 2017 and the lowest number was 165 on December 24-25, 2017. We have a 100-bed hostel, so the overflow goes into the hotels. If it was just the hotels and us, then there would be enough rooms in town to accommodate all our clients, but that's not how it works out. Sioux Lookout is such a transient place, that the hotels are always used, and especially when there are events in town or during the summer construction season, we run out of beds in Sioux lookout. When that happens, we have to send people to Dryden, and this past year, we have had to send people to

Ignace, which is a four-hour drive, there and back.

As an update, I instructed the staff to aim for three goals: No more patients will go to Ignace; no more patients will go to Dryden; and the wait time will be cut to less than an hour. I want all Elders and acute care patients to be checked in immediately. We will do whatever is required to get this done.

Throughout it all, I want to thank all our staff who have continued to work hard in all sections of the organization to make sure that these services are delivered.

I also want to welcome the new staff members who came on board during the past year. We filled 10 new positions this year and filled 36 vacancies in existing positions. Among our new team members are Cindy Hunt, a senior manager who agreed to put together the Family Health Team, and Brian Calleja as the Director of Finance.

Finally, I want to welcome three new members to the Board of Directors: Allan Jethro Tait for Windigo, Brenda Fox for Mishkeegogamang First Nation and John Mckay for Sandy Lake First Nation.

It has been a very busy year with changes that have improved the services we provide and other changes which have created challenges for us.

LONG-TERM SERVICE

This Annual Report describes the ways in which SLFNHA's work has touched many thousands of lives over the past year. Here we want to recognize the tireless contributions from SLFNHA's longest serving team members to make all this work happen. We also share what has motivated and inspired Brian McIvor over his 11 years of service as an example of the relationships and commitment our team has developed with communities (see *next page*).

To all our team members new and old we say Miigwetch!

AT LEAST 20 YEARS OF SERVICE

Janet Gordon
Charlene Samuel
Mary Cantin

Elaine Elliott
Elizabeth Masakayash
Juda McKay

Eunice Kakekayash
Violet Tuesday
Roy Carpenter

15 TO 19 YEARS OF SERVICE

Susan Chapman
Stephen Edwards
Charlene Dyment

Barbara Friesen
Mary Jane Chisel
James Morris

Tom Chisel
Darryl Quedent
David Makahnouk

10 TO 15 YEARS OF SERVICE

Susan Barkman
Tarmahraja Ramasamy
Sue Haukeness
Nancy Greaves
Rod Horsman
Marjorie Griffiths
James Begg

Judy Korobanik
Walter Lyon
Lorna Fiddler
Wava Fox
Angela Harrison
Tim Davies
Ann Cleland

Christine Sawanas
Florence Bouchard
Adelaide Anderson
Brian McIvor
Carolyn Goodman
Janine Arpin
Lyn-Marie Manitowabi

5 TO 9 YEARS OF SERVICE

Robert Keesic	Randy Wilson	Alice Dodsworth
April Derouin	Linda Bourrier	Ofelia Macabeo
April Koostachin (Gray)	Linda Magotte (Spade)	Aaron Therriault
Mary Oombash	Barry Waboose	Ronnie Elliott
Roseann Lyon	Wayne Cecchetto	Seepa Grey
Arlene Pedroso	Delphine Crane	Graham Chisel
Mary Ann Beardy	Renato Jaravata	Peter Mackechnie
Naomi Hoppe-Mackenchnie	Raymond Binguis	Lowell Legros
Cindy Moffatt	Christopher Duval	Barb Peetwayway
Trina Kakekagumick	Raye Landry	Sandra MacLeod
Tina Jacobson	Christine Chisel	Laureen Barkman
Debra Moskotaywenene	Benigno Macabeo	Hana Beitl
Michelle Farlinger	Carla Vinczeffy-Rose	Kadey Kennedy
Dorothy Binguis	Angela Augustine	

RECENTLY RETIRED

Mary Kejick	Judy Buchan
David Poulin	Dorothy Ross
Josephine King	Rose Gunderson
Paddy Dasno	

Brian McIvor, Clinical Supervisor, Nodin



In January I will have been working with SLFNHA for 12 years. Until last week I was a Travelling Counsellor. What motivated me over the years is the connection I formed with communities. After a while you develop a commitment to the community and people because you get to know them. After a while you develop relationships and you tend to worry about them as if they were family really.

SLFNHA has really grown over the years. We have a lot more prevention programs and community capacity building work than we did when I started. When I started we used to try to mentor the community mental health workers while we still had to facilitate healing circles and groups and work with our list of clients. We still mentor the community mental health workers but now SLFNHA is able to provide additional supports too.

The model has also changed over time. As Counsellors we used to travel from one community to another so there was no time to develop relationships. Now we go to 2 or 3 communities and we are able to really develop relationships with clients. SLFNHA has also done a lot of training over the years so that our Counsellors have the skills we need to serve our communities in trauma, sexual abuse, addictions. We have really developed our skills in all the mental health models.

One thing that has always inspired me is that I noticed that when one of my communities was at their worst they really showed their strength. They really pulled together and helped each other out. The capacity building they have done and the commitment to their community really shows at times like that. They have really strong trauma teams who even help out in other communities and when they go to other communities they treat those crises like it was happening in their own community. They are really professional and humble. I have been really lucky to work with these communities. None of this would be possible without the support I get from SLFNHA.



First Nations Health Managers Association recognizes Chief Operating Officer

Janet Gordon has been working in the region since she started as a nurse in the old Sioux Lookout zone hospital in 1980. She spent several years working in communities as a Community Health Nurse before joining SLFNHA. She has spent the last 27 years of her career working at SLFNHA to bring First Nations governed health services to the region.

Janet was recognized for her service and dedication with the Excellence in Health Leadership Award by the First Nations Health Managers Association. This award recognizes recipients who demonstrate sincere and long-term commitment as well as leadership in First Nations health management in Canada.

Congratulations Janet!

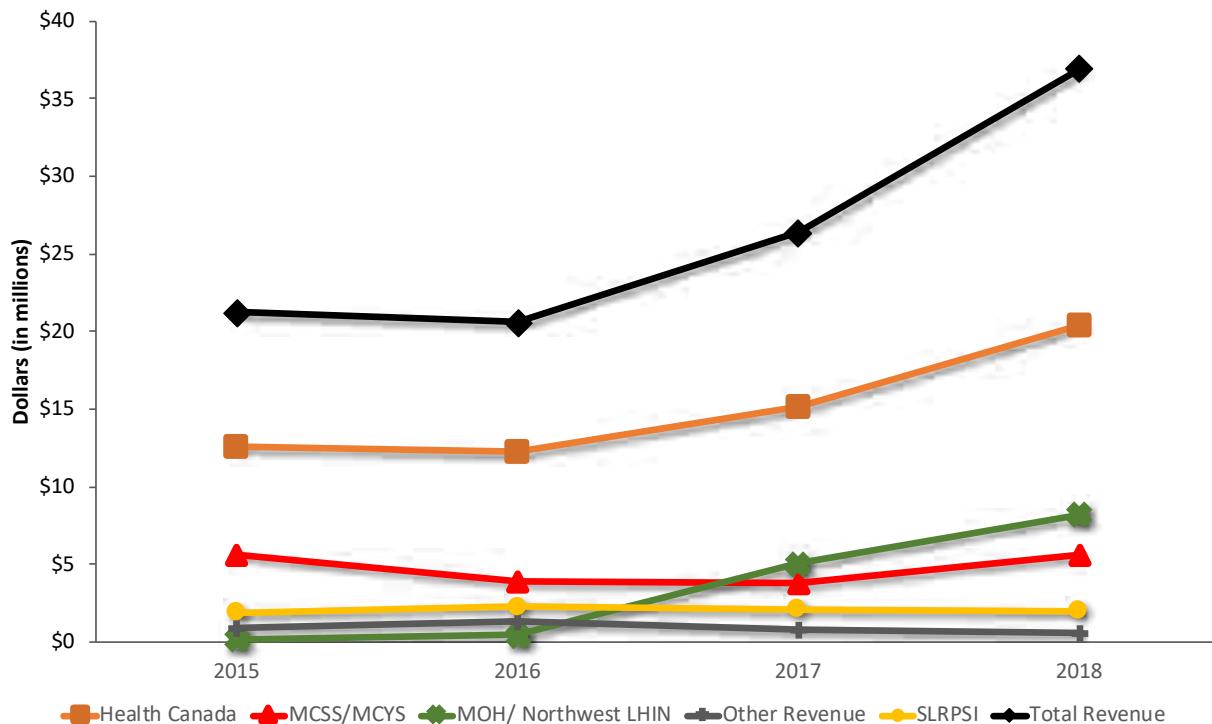


Bluffs overlooking Big Trout Lake

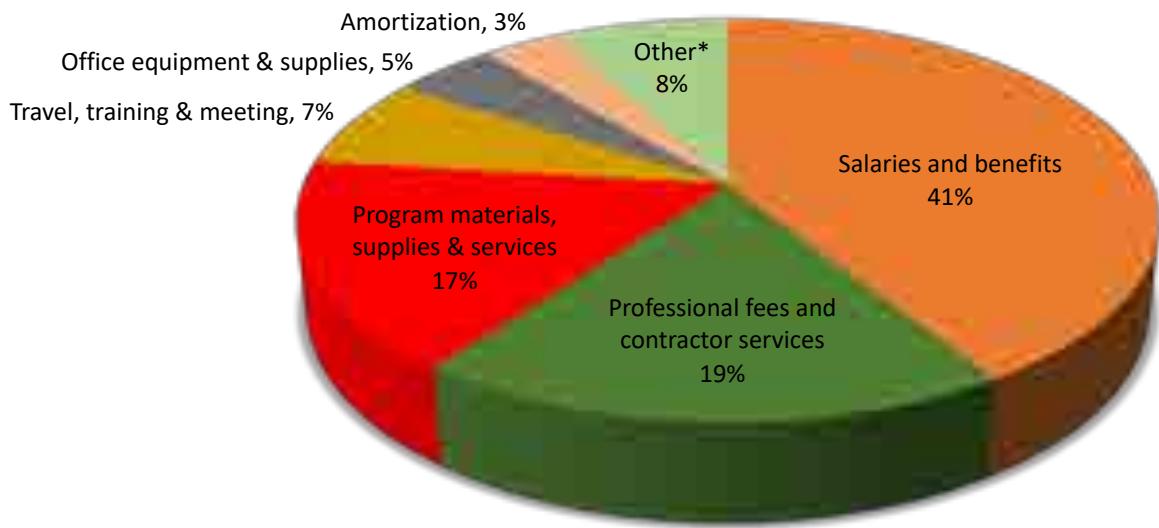
ADMINISTRATION & FINANCIAL REPORTS

FINANCIALS

Trends in Revenue by Funding Source from 2015 - 2018



Expenditure by Category



*Other category includes occupancy costs (3.1%), repairs and maintenance (1.3%), recruiting (1.1%), automobile (0.5%), insurance (0.4%), physician services (0.4%), administration (0.3%), interest on long term debt (0.3%), and honoraria (0.1%)

Management's Responsibility

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

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian accounting standards for not-for-profit organizations. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement or disclosure in which objective judgment is required.

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

The Board of Directors is composed primarily of Directors who are neither management nor employees of the Organization. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for agreeing the financial information included in the annual report. The Board fulfills these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Organization's external auditors.

MPF LP is appointed by the Board of Directors to audit the financial statements and report directly to them. The audit follows. The external auditor has had full and free access to, and must periodically and separately with, both the Board and management to discuss their audit findings.


Michael Bell
Executive Director

Independent Auditors' Report

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

We have audited the accompanying financial statements of Sioux Lookout First Nations Health Authority, which comprise the statement of financial position as at March 31, 2018, and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

The Organization receives some cash payments for incidentals at the hostel, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the Organization and we were not able to determine whether any adjustments might be necessary to other revenue and excess of revenue over expenses for the year ended March 31, 2018 and assets and net assets as at March 31, 2018.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Sioux Lookout First Nations Health Authority as at March 31, 2018 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.

Thunder Bay, Ontario

August 28, 2018

MNP LLP

Chartered Professional Accountants

Licensed Public Accountants

Sioux Lookout First Nations Health Authority

Statement of Financial Position

As at March 31, 2018

	2018	2017
Assets		
Current		
Cash and cash equivalents (Note 2)	19,932,621	1,401,903
Investments (Note 4)	—	260,028
Accounts receivable (Note 5)	335,131	85,001
HST recoverable	632,634	100,641
Due from funding agreement (Note 6)	6,731,746	2,201,000
	13,212,135	1,248,757
Due from Sioux Lookout Regional Physician Services Inc. (Note 7)	599,416	1,000,000
Capital assets (Note 8)	9,243,316	9,769,741
	27,054,867	18,174,307
Liabilities		
Current		
Accounts payable and accruals	4,395,299	2,858,379
Government remittances payable	63,000	30,548
Deferred revenue (Note 9)	4,679,597	101,061
Due to funding agreement (Note 10)	6,115,741	2,126,198
	15,688,637	5,040,118
Term loan due on demand (Note 11)	1,909,933	2,305,300
	17,598,564	7,152,418
Commitments (Note 12)		
Contingencies (Note 13)		
Net Assets		
Unrestricted	123,987	117,516
Invested in capital assets	9,243,316	9,769,741
Restricted	134,000	134,000
	9,501,303	(0,016,857)
	27,054,867	18,174,307

Approved on behalf of the Board


John C. Hart
Director


Linda Beetha-Bell
Director



MARIE LANDS

CHIEF ADMINISTRATIVE OFFICER

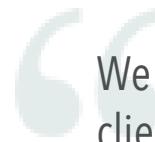
I want to acknowledge and say thank you to all the Elders, Nishnawbe Aski Nation, First Nations Chiefs, Delegates, Representatives and to all the people we serve within the Sioux Lookout area. I cannot stress enough that without all your support Sioux Lookout First Nations Health Authority (SLFNHA) would not carry out such a huge mandate for programs and services.

The Administration departments that are under my management have worked hard at assisting and working in partnership with all SLFNHA Health Service Departments. We provide all the assistance as necessary from Information Technology (IT), Human Resources (HR), Finance, Communications, and operating the Jeremiah McKay Kabayshewekamik (JMK) hostel including ground transportation and now the discharge work to get the clients and escorts home.

SLFNHA has grown tremendously over the past year. The HR department had a review done and we are implementing the recommendations in order to make sure we are recruiting and retaining the strongest possible team to support the communities we serve. This will include bringing in recruiters to concentrate on bringing new staff to SLFNHA. Our Information Technology (IT) department continues to implement the Gap Analysis we did a few years ago. IT has rolled out Office 365 and SLFNHA now has all the programs on one server. This makes it much better for communicating internally so we deliver better coordinated services to communities. Communications has improved our website to make information more accessible to community members. The finance department has new tools to improve the processes within SLFNHA.

JMK Hostel has a significant increase in client and escort numbers. This has created a lot of pressures for accommodations, meals, and ground transportation. There are many challenges the JMK faces when large events are hosted in Sioux Lookout. As our accommodation needs continue to increase many clients and escorts have had to be accommodated as far away as Ignace. Along with the increase, there is an increase in incidents. To try to use our accommodation space as efficiently as possible, the discharge program is working at getting clients and escorts home as quickly as possible. Where appropriate this sometimes includes providing charters to get clients and escorts home the same day. We strive to support clients and escorts throughout their journeys including offering after-hours support for the clients in transit within Sioux Lookout, Winnipeg, Thunder Bay and further east.

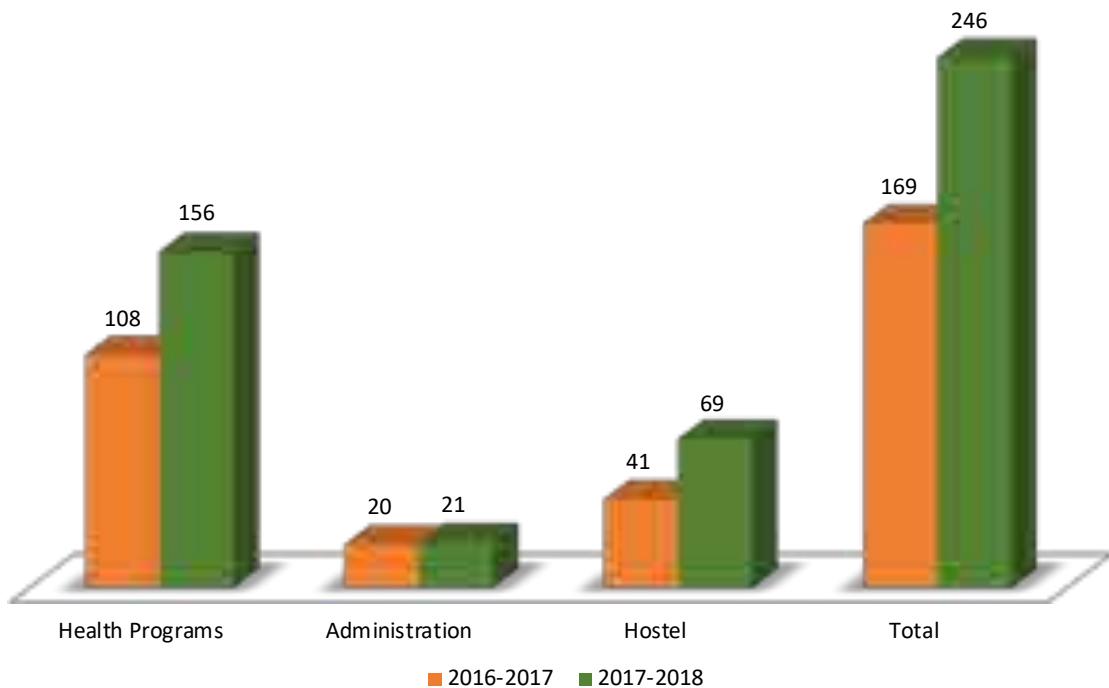
We continue to work in partnership with numerous organizations within Sioux Lookout to provide an Indigenous voice at those committees. Administration continues to work hard to support SLFNHA so that together we provide the best service to communities!



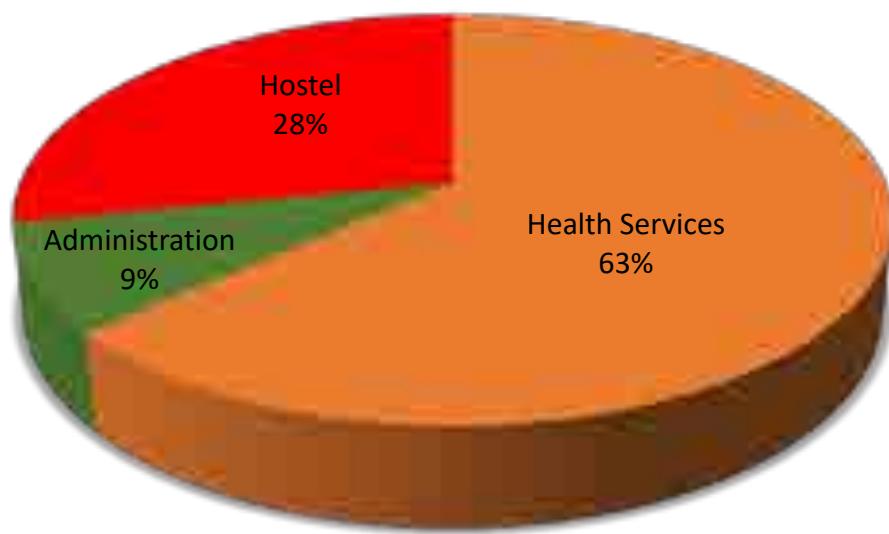
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HUMAN RESOURCES

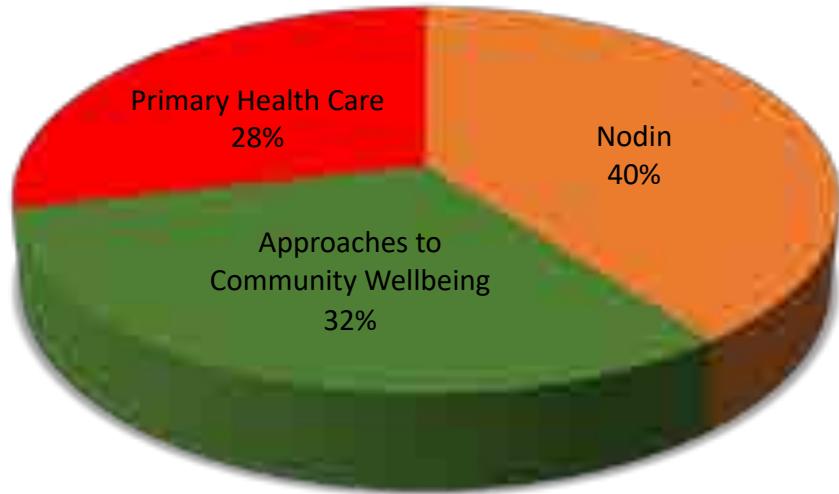
Employee Comparison by Department, Fiscal Years 2017 & 2018



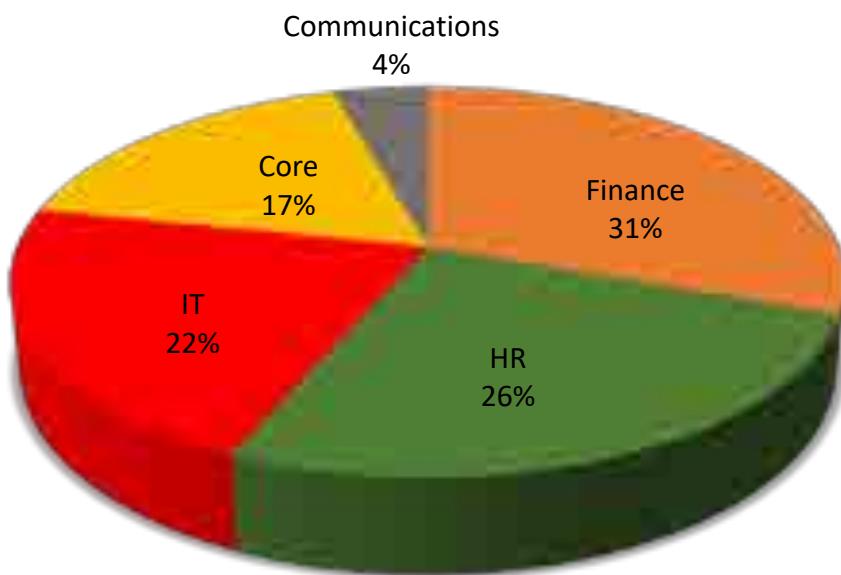
Employees by Area



Health Services Employees by Team



Administration Employees by Area



INFORMATION TECHNOLOGY

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

YEAR IN REVIEW

- Continued implementation (Year 3) of the IT Gap Analysis that was approved by SLFNHA Board
- Hired a new Network Administrator
- Started Active Directory implementation throughout the agency to allow proper security, monitoring, and auditing of SLFNHA's information resources
- Implemented a new Office365 platform and moved Email to secured Cloud which will allow SLFNHA staff to work more effectively when they are in communities.
- Setup VoIP (Voice Over Internet Protocol phone system) to support more efficient operations at the Jeremiah McKay Kabayshewwekamik hostel
- Upgraded the Electronic Medical Record (EMR) software at both the Northern Clinic and Hugh Allen Clinic to OSCAR 15
- Conducted various northern community site visits to ascertain available infrastructure and to setup various Trauma Team office infrastructure.





CLIENT SERVICES DEPARTMENT

SLFNHA's Client Services department operates the Jeremiah McKay Kabayshewekamik (JMK) Hostel and associated ground transportation services. This work provides accommodation for community members and escorts travelling to Sioux Lookout to receive health services.

YEAR IN REVIEW

- Health Canada approved per diem increase for fiscal year
- SLFNHA and Carillion Canada Inc. settled hostel construction delay matter.
- Client Services Department worked with Court & Red Design to develop and implement the new JMK Hostel Database system.
- Installed a new 8 Unit Ductless Air Conditioning for JMK Hostel.
- Worked with CRC Communications to install new portable radio system for ground transportation vans and housekeeping department.
- Additional Hostel Team Leader hired to increase supervisory coverage for front-line staff.

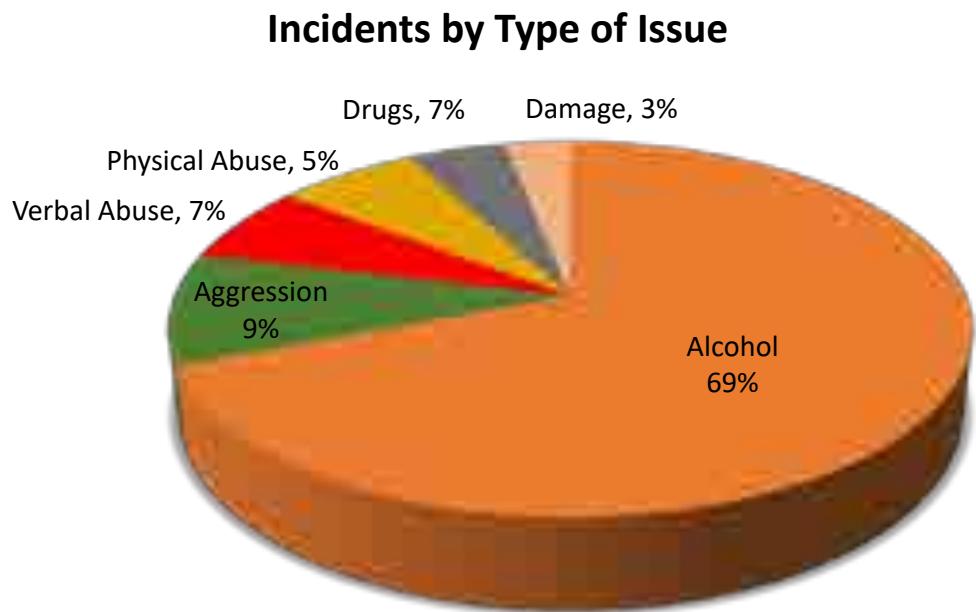


- Contracted Signature Signs to develop new fire plan signs for hostel guestrooms.
- Worked with Windigo Tech Services to design new garbage compound, for Hostel. New compound to be constructed in Spring 2018.
- SLFNHA worked with Wequedong Lodge to develop a Serious Incident Preparedness Plan
- Hostel review is planned for 2018/19 fiscal year.
- Implementing new Hostel Policy and Procedures manual for 2018/19.
- Reviewing current food services contract which expires in March 2019.
- New and larger vans are required to meet Ground Transportations demands within municipal boundaries for services.
- SLFNHA plans to lease new space at airport to house an Elders Lounge, Interpreter Kiosk and new Dispatch Clerk work station.

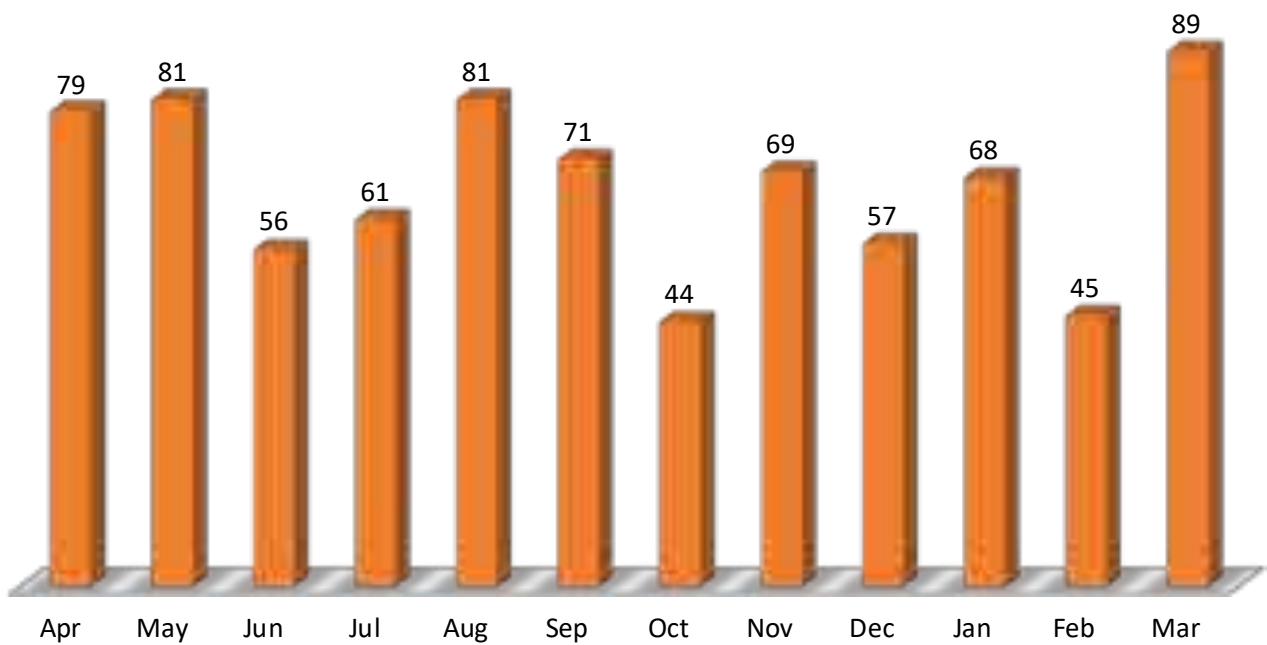
CLIENT SERVICES DEPARTMENT (*CONTINUED*)

INCIDENT RATES

The Ontario Provincial Police report that the number of calls for police service has increased over the past three years from local hotels providing overflow services for JMK Hostel. The overflow rates have increased from nightly average of 10 persons per night in 2011 to 80 persons per night in 2017. The Ontario Provincial Police have noted 90% of calls for service relate to requests by hotels for clients/escorts to be removed for behaviors related to drinking and or intoxication.



Number of Incidents Reported per Month 2017/18



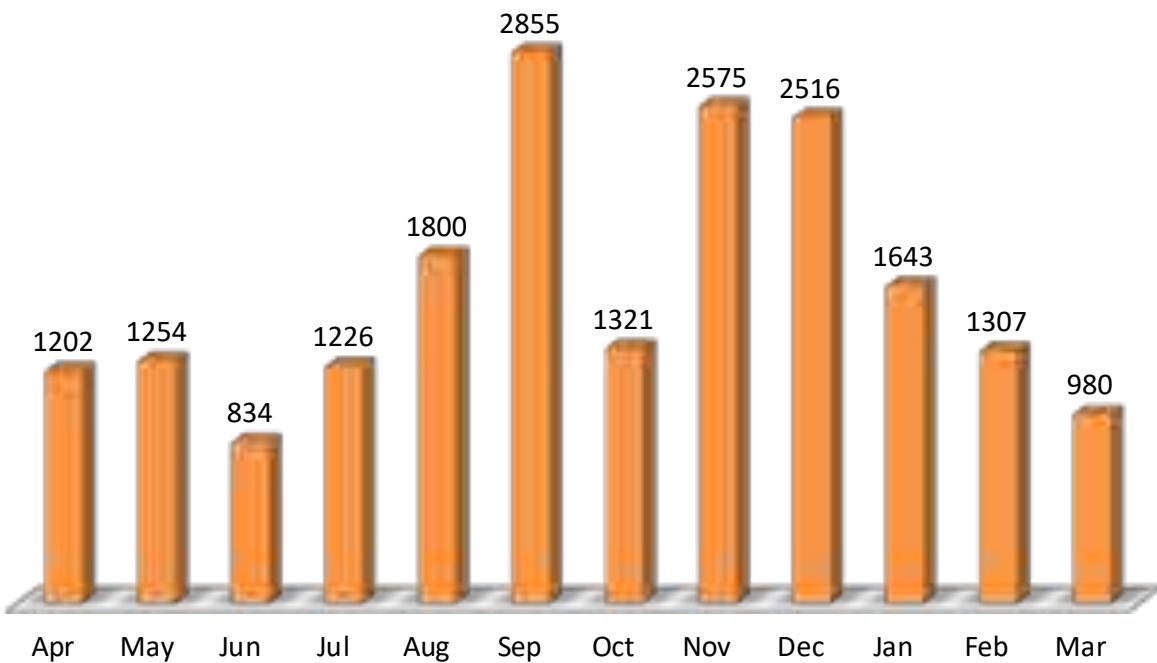
ACCOMODATION TRENDS



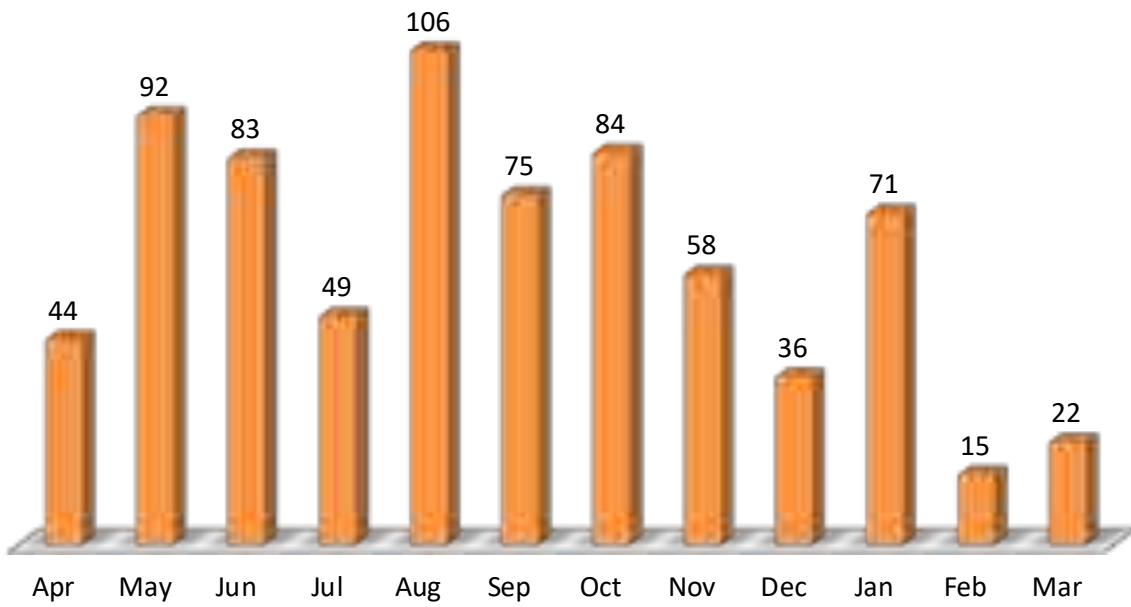
Accommodations tracked a record number of client and escorts coming to Sioux Lookout for medical appointments. An increase in hostel patrons has resulted in hotel overflow utilization at 50% or \$2,587,632 per year. The increase in numbers has resulted in meal orders increasing by 20%.

CLIENT SERVICES DEPARTMENT (*CONTINUED*)

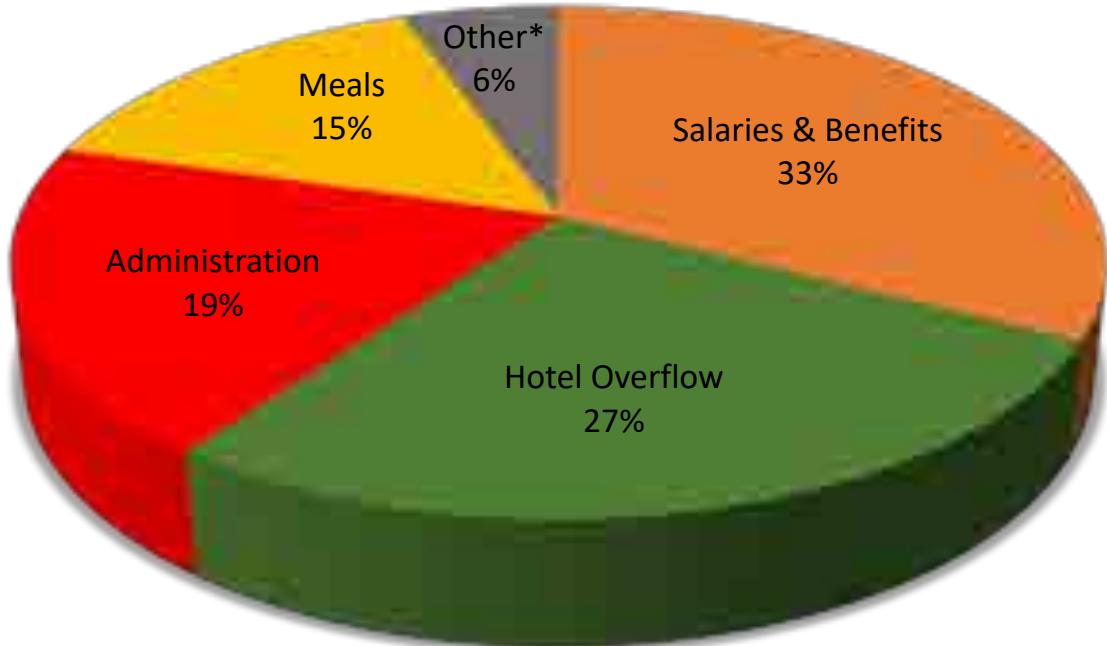
Monthly Hostel Discharges April 2017 to March 2018



Monthly Hostel No Shows April 2017 to March 2018



Hostel Operating Costs by Category



* Other category includes maintenance (3.4%), capital assets (1.2%), and taxis (0.9%)



Dalisha Kakekagumick and Derek Kakegumic, Sandy Lake

“I would give this hostel five stars and the old hostel 3.5. I like this hostel better because they actually help you here. Over there they didn’t really help you.” **-Derek**

“I like the hostel because it is bigger and it has more room than the old hostel. At the old hostel the food tasted like plastic. The food here is better.” **-Dalisha**

Barb Peetwayway, Guest Services Representative

“I love it here. I get to talk to elders. I enjoy helping people. This morning I helped an elder who did not have an interpreter. I helped her to get a shuttle and I called the Northern Appointment Clinic to make sure they were expecting her. I also enjoy working with the prenatais because I get to hold the babies and give them their gift bags.”



Children at play in Kitchenuhmaykoosib Inninuwug



PROGRAM REPORTS



JANET GORDON

CHIEF OPERATING OFFICER

The 2017/18 year was a busy and exciting year for Health Services. This has been a year of action as we move forward with the funding announced in the previous year. We have implemented new programs and expanded existing ones. Planning is underway for further expansion and additional programs. Through continually evaluating programs, engaging communities, and strategic planning, we continue to develop the model of care to best serve the needs of our communities.

RAPID GROWTH

During the 2017/18 year, our programs have grown considerably and many new staff members have been hired:

- Approaches to Community Wellbeing – 11 positions filled
- Primary Care Team – three positions filled
- Nodin CFI – seven positions filled, eight new positions approved this year

Approaches to Community Wellbeing launched the Opioid Overdose Prevention Program, Hepatitis C Virus (HCV) Treatment Clinics, and Education sessions at the hostel. Sioux Lookout Regional Physician Services Inc. (SLRPSI) provided 1,253 more physician services days than in the previous year.

With the resources received for Primary Care and Jordan's Principle, planning has taken place internally and there have been discussions with service providers from other agencies to explore interim arrangements that will bring services on the ground quickly. One such agreement has been finalized. This will expand specialty services such as psychology, behavioural therapy, speech-language pathology, audiology and occupational therapy.

ESTABLISHING THE PRIMARY CARE TEAM

Implementation of the Primary Care Team has begun. A Director was hired to lead the team and recruitment is ongoing. A new clinic space is now open and services will start being delivered in 2018/19. Capital planning is under-

way to develop plans for the permanent Primary Care Facility, which will integrate various services and programs. The planning process will seek continued input from First Nations partners, Sioux Lookout Meno Ya Win Health Centre (SLMHC), provincial and federal governments, the Municipality of Sioux Lookout, and Nishinawbe Aski Nation.

ENGAGING COMMUNITIES IN STRATEGIC PLANNING

Health Services continues to engage with communities for guidance and vision. This year saw the completion of the Early Childhood Screening Report and the Northern Region Seniors Care and Housing Strategy (lead by SLMHC), both of which had significant community input. Significant work was done on the Child Health Status Report for which communities advised what indicators were important and how we should interpret the data. The Regional Nursing Strategy was developed with input from Health Directors, nurses, Community Health Workers, administrative staff, clinicians, Home Care Coordinators and other community members. Both are set to be released in the 2018/19 fiscal year.

CHALLENGES

Recruitment and retention continue to be major challenges and many new positions remain vacant. Health Services is working to build capacity in our communities to support long-term human resource needs and foster First Nations control over our health system. To this end, Health Services conducted training programs, such as:

- Community Health Worker Diabetes Program trainings
- Mental Health First Aid First Nation Course
- Harm Reduction trainings (29 participants from 11 communities)
- Infection Prevention and Control regional workshops (34 participants from 19 communities)
- Youth Workers' Conference on healthy relationships, sexual health, and restorative practices (29 participants from 18 communities)
- Suboxone Program Coordinator workshop (22 participants from 21 communities)
- Naloxone trainings (four communities)
- Numerous webinar presentations

MOVING FORWARD

Guided by the Anishinabe Health Plan, SLFNHA continues to work with its partners and stakeholders at various levels to implement the AHP and work towards a coordinated regional health care system that is grounded in Anishinabe ways. Through our commitment to improved quality and access to services, we take our direction from our Chiefs to move ahead on our priority areas, such as expanding preventive and promotive care and bringing more services onto the reserves. SLFNHA will participate in the Health Transformation work that is being led by NAN. The work that is currently being done by SLFNHA will inform and bring lessons learned to this process.

APPROACHES TO COMMUNITY WELLBEING



Roots for Community Wellbeing

Healthy Living

Raising our Children

Safe Communities

Regional Wellness Response Program

Approaches to Community Wellbeing (ACW) is SLFNHA's public health program. Public health/community wellbeing looks at the health of the community or population as a whole, instead of individuals. It focuses on the prevention of illnesses and the promotion of healthy lifestyles, as opposed to treating illnesses. Public Health/Community Wellbeing looks at what needs to be in place in systems or communities in order to keep people as healthy as possible for as long as possible. The following progress updates are organized by the program areas within ACW.

ROOTS FOR COMMUNITY WELLBEING

- Provided ongoing support for the development of an Oral Health Strategy and a regional Nursing Strategy.
- Community Wellbeing Facilitators supported public health planning at Matawa First Nations Management, Shibogama Health Authority, Windigo First Nations Council, Independent First Nations Alliance, Keewaytinook Okimakanak, Sandy Lake First Nation, and Mishkeegogamang Ojibway Nation.
- Continued data entry into First Nations and Inuit Health Information System and provided immunization schedules back to community nursing stations. Immunization data entered into HIS for all communities.
- Produced a report from community engagement about health and wellbeing indicators. Full report available at: <https://www.slfnha.com/health-services/approaches-community-wellbeing/roots-community-wellbeing/data-collection-analysis>
- Supported Tribal Councils and communities to learn about community based electronic medical record systems.
- Conducted IT infrastructure assessments in communities in anticipation of deployment of Mustimuhw Information Solutions.
- Continued negotiation for access to First Nations data as per Resolution 15-25 Health Data Management and began analyzing data for a regional child health status report.
- Participated in the Mamow Ahyamowen Northern Ontario Indigenous Health Information Partnership with Weeneebayko Area Health Authority (WAHA), Fort Frances

Tribal Area Health Authority, Keewaytinook Okimakanak, Kenora Chiefs Advisory, Shibogama First Nations Council, Maamwesying North Shore Community Health Services, Matawa First Nations Management, and Wabun Tribal Council, and sought support for community participation in a data analysis of the causes of death and chronic diseases present at the time of death in our region.

- Conducted a two-day Data Conference to build capacity to understand and use data among community Health Directors.
- In 2018/19, we will release a child health status report for the region and support communities in interpreting the data. We will support communities in implementing Mustimuhw Information Solutions. We will also finalize the Oral Health Strategy and Nursing Strategy and provide ongoing support to communities and Tribal Councils related to public health planning.

around Hepatitis C.

- Hosted events at the Jeremiah McKay Kabayshewekamik Hostel for World TB day and World Hepatitis C Day.
- Conducted three Infection Prevention and Control regional workshops with a total of 34 participants from 19 communities, Infection Prevention and Control education sessions in four communities, and five Infection Prevention and Control education sessions by video conferencing, teleconferencing, and at the Hostel.
- Developed a draft Memorandum of Understanding for Approaches to Community Wellbeing, Protocol for Preventing Infectious Diseases, and Data Sharing Agreements with Thunder Bay District Health Unit and Northwestern Health Unit to support the transition of case and contact management of infectious diseases.
- In 2018/19 we will continue to enhance our supports to communities to provide harm reduction and health promotion services and transition the responsibility for case and contact management of infectious diseases from FNIHB to SLFNHA.

HEALTHY LIVING

- Provided 275,800 needles to 18 communities to reduce harm caused by injection drug use.
- Implemented an Opioid Overdose Prevention program in four communities and have three communities signed on to implement in 2018/19 and two others who have expressed interest.
- Conducted two Harm Reduction trainings for 29 participants representing 11 communities.
- Continued education about Tuberculosis for nurses and communities.
- Ongoing Hepatitis C Treatment clinics in Sioux Lookout and community.
- Hosted a Hepatitis C Workshop with representatives from five communities to discuss and share information and challenges



275,800

needles distributed to
18 communities for harm reduction

APPROACHES TO COMMUNITY WELLBEING (CONTINUED)

RAISING OUR CHILDREN

- Ongoing health promotion and youth engagement through the Anishinabe Youth Network Facebook page.
- Hosted regular webinars for the Community Youth Workers network.
- Conducted workshops and presentations at schools, in communities, and at conferences, including three information booths at Pelican Falls, supporting health promotion on healthy eating, tuberculosis, and smoking cessation; four education sessions at Jeremiah McKay Kabayshewekamik Hostel on Food and Mood, health, and dental hygiene; 13 community visits to support Youth Development; and three community visits to support Family Health.
- Reviewed the current state of early childhood screening in communities (including visiting five communities) and developed a draft Early Childhood Screening Strategy, Implementation Plan, and Evaluation framework.
- Assessed current knowledge and resources in communities related to infant and early childhood nutrition.
- In conjunction with the Regional Wellness Response Program, hosted a Youth Workers' Conference with 29 participants from 18 communities on healthy relationships, sexual health, and restorative practices.
- In the 2018/19 fiscal year, we will continue to look at the best strategies to support youth and youth workers. We will support family health workers through workshops and trainings, including on how to conduct home visits.

SAFE COMMUNITIES

- Developed a legal agreement for loaning the Titan Propane Heaters that can be used to eliminate bedbugs and cockroaches and submitted a funding proposal to support the roll out of the machines.
- In the 2018/19 fiscal year, we will work on developing partnerships with communities to utilize the heaters.

REGIONAL WELLNESS RESPONSE PROGRAM

- The Community Wellness Development Team conducted 16 community visits to support communities in Restorative Practices, Drug and Alcohol Awareness, Bullying Prevention, Education and Promotional Booths, Land-Based Healing Program Design, Community-Based Funding Applications, Community Assessments, Addiction and Mental Capacity Building Trainings, Evaluation Planning Support. We also provided support to Matawa's Back to our Roots Gathering.
- Conducted five Family Healing Programs reaching a total of 48 participants and trained 13 people in Mental Health First Aid First Nation Course.
- Conducted an evaluation of the Aboriginal Healing and Wellness Strategy Non-residential Mental Health Program.
- Hosted a Suboxone Program Coordinator workshop, reaching 22 participants from 21 communities.
- In the 2018/19, RWRP will begin providing additional training and health promotion expertise to build capacity of community-based workers.





DR. NATALIE BOCKING

**PUBLIC HEALTH
PHYSICIAN**

When the Chiefs in Assembly approved the model “Approaches to Community Wellbeing” (ACW), they endorsed the vision of an Anishinabe governed public health system for the communities that SLFNHA serves. Over the last year, the team at ACW have been working hard to establish regional services to support community-based workers and Tribal Councils in improving public health programming.

Ontario’s First Nations Health Action Plan (2016) stated support for the ACW public health model, through the appointment of an Associate Medical Officer of Health dedicated to Indigenous health in the Sioux Lookout region. This AMOH position is seconded by Thunder Bay District Health Unit to work with SLFNHA as the public health physician with ACW.

The current role of the public health physician is to provide support and technical expertise to ACW. The primary focus has been in 3 areas: developing a model for the future role of the position, preventing infectious diseases, and data collection and analysis.

The future role of the public health physician is dependent on how ACW will be integrated with the provincial public health system. Medical Officers of Health (MOH) play critical roles in Canada’s public health system. In Ontario, an MOH is a designated/legislated position as defined by the provincial Health Protection and Promotion Act (HPPA) and must be hired through an existing health unit. This is why the AMOH position at SLFNHA is seconded through Thunder Bay District Health Unit. The public health physician roles that exist at First Nations and Inuit Health Branch – Ontario Region are not recognized under the HPPA. Key questions that need to be answered in moving forward include: How can this position best support community public health issues and initiatives? Should the public health physician be recognized under provincial public health legislation? How should the position be situated at SLFNHA? Initial discussions have begun with Health Directors, Chiefs Committee on Health, and the SLFNHA Board – however, input will be needed from all communities and we look forward to continuing this work for public health system transformation.

Under Preventing Infectious Diseases, work has included providing support for the public health management of

tuberculosis cases, supporting the development of a regional response to blood-borne infections (such as hepatitis C virus), and supporting the outbreak response to mumps and invasive group A streptococcus infections.

Population health assessment, or data collection and analysis, is a core function of public health – this means measuring the health of the population through numbers and through stories. Because the work of ACW is to establish a sustainable regional support system, this means finding out where health data is currently held and working to ensure that SLFNHA area communities have access. We are pleased to report that we now have ongoing direct access to some provincial and federal databases that hold health outcome data on Sioux Lookout area First Nations. With this new access, our team is preparing the first Child Health Status Report for the region in over 20 years. We hope that communities can use this information to advocate for funding, guide policy and program development, and evaluate services. We also expect the report to lead to questions – the value of data is to contribute one piece of the puzzle and it often triggers us to critically think about not only the numbers, but the factors that underlie them. We look forward to hearing your feedback on the report and learning how ACW can continue to support communities in this important public health function.



COMMUNITY HEALTH WORKER DIABETES PROGRAM

In 2014, the Community Health Worker (CHW) Diabetes Program was developed in partnership between communities, SLFHNA, and Dignitas International (DI). The purpose of the program was to strengthen prevention and improve care for people living with diabetes. The CHW Diabetes Pilot Program has been implemented in four communities including Kingfisher Lake, Kitchenuhmaykoosib Inninuwug, Slate Falls, and Kasabonika Lake.

This past year saw completion of the CHW Diabetes Pilot Program and progress towards achieving research and evaluation milestones and sharing lessons learned through knowledge translation.

RESEARCH AND EVALUATION MILESTONES

The CHW Diabetes Pilot Program incorporated a number of evaluation and evidence-based learning opportunities to support ongoing improvement for health outcomes for communities. Knowledge synthesis and knowledge generation activities included the completion of:

- A Diabetes management task-Shifting Systematic review that examined the scientific literature on task-shifting from physicians to non-physician health workers for the management of type 2 diabetes in high income countries.
- A Qualitative Study of Patient Perspectives that investigated the perceptions and experiences of diabetes care with patients, their caregivers and community leaders across Sioux Lookout, by conducting a cross-sectional qualitative study.
- A Pilot Program Evaluation that measured improvement of the quality of care across process and outcome measures, as well as overall satisfaction with the CHW Pilot Program.

Each of these captured important lessons learned associated with implementation of the CHW Diabetes Pilot Program and will be integrated into program enhancement and expansion plans.

SHARING LESSONS LEARNED THROUGH KNOWLEDGE TRANSLATION

Throughout 2017/2018, the CHW Program Team shared Pilot Program results and lessons learned at the local, national, and international level. Members of the Program Team reached global audiences through a variety of forums including SLFHNA's Annual General Meeting, the 5th Annual Indigenous Health Symposium at the University of Manitoba and the World Health Organization's Global Forum on Human Resources for Health in Dublin. The Northern Ontario Medical Journal also interviewed members of the Program Team and compiled an article highlighting the CHW Diabetes Program as part of their winter publication.

The program's online learning platform at www.chwconnect.ca was also updated and enhanced this past year to include all program reports and scientific outputs, as well as the program's learning journey (a series of video vignettes), to ensure that program outcomes are shared through a variety of communication mediums.

PROGRAM ENHANCEMENT AND EXPANSION

In the coming year SLFHNA and DI plan to enhance and expand the CHW Diabetes Program by:

- i. Strengthening the CHW infrastructure by building the capacity of community-based human resources.
- ii. Expanding the CHW training curriculum and on-the-job tools.
- iii. Creating evidence-based learning through data generation and evaluation initiatives to support continuous program improvement.
- iv. Implementing the program across additional communities.

As SLFHNA embarks on this next stage of the program, the knowledge gained through research and evaluation and the lessons learned in collaboration with communities, partners, and stakeholders will have a significant impact on program enhancement and expansion.



DEVELOPMENTAL SERVICES

Transitions Program

MMW / Clinical
Assessment Program

Developmental Services works with adults and youth (18 years and older) with developmental disabilities, mental health issues and/or challenging behaviours. Developmental Services has two components, the Transitions Program and the clinical assessment program called Mashkikiwininiwag Mazinaatesijigan Wichiwewin (MMW).

Developmental services continues to focus on support and advocacy for clients and families. The MMW or Clinical Assessment Program supports clients and families to get the assessments they need in order to access support services. The Transitions Program supports clients and families to access the services they require.



TRANSITIONS PROGRAM

- Two clients successfully transitioned into Group Living placements.
- Specialized Accommodations funding were approved for two clients through the Ministry of Social Services, which supports clients who are in crisis in their homes/community.
- Ministry of Community Support Services successfully approved Temporary Support funding for two clients.
- Passport funds were approved for six clients through the Passport Funding Program; in addition with two enhanced passport funding to clients and families, which allows them to hire support workers to work/support in the client's developmental growth in the home and in the community.
- Three successful applications for Ontario Disability Support Program and two pending approvals.

MMW / CLINICAL ASSESSMENT PROGRAM

- For this year, there are 46 active clients; 180 referrals and eight on waitlist for eligibility assessments from Developmental Services Ontario.
- 22 intakes into the Developmental Services Ontario and seven assessments completed.
- Support and coordination was provided to 208 clients for clinical assessments.
- Eight community visits for client assessments, follow-up, program promotion and to provide education resources for health care workers and community.
- Support was provided to one client and family while attending court; one client involved with the Ontario Review Board court was supported with their release by planning and identifying required supports/needs at the community level.

DEVELOPMENTAL SERVICES

Complex Care Case Program

Under the Developmental Disabilities Services, the Complex Care Program works with children and youth up to the age of 18 years to provide intensive case management and coordination for complex special needs. These children may present with complex or multiple needs (physical and mental and challenges) that require services that are not normally provided by a children's mental health program. These children and youth fit the definition of special needs when they require services beyond the family's capacity.

YEAR IN REVIEW

- This year there are 93 active clients, the demand for complex special needs children and youth services continues to increase; Referrals can come from community mental health counsellors, community health workers, schools and other service providers;
- A total of 7 community visits have taken place to provide supports and services to children and families, engaging community resource planning while working in collaboration and partnerships with other service providers to enhance services; Telemedicine services are utilized for follow-up with clients and families, service providers, and community resources for case management and planning purposes;
- Partnership, communication, and planning with other service providers on a regular basis has helped to improve service coordination and circle of care planning;
- SLFNHA, in partnership with NAN, has been actively involved in the planning and implementation of Jordan's Principle in areas of parenting training for families and community-based workers. This training also allows families and community-based workers to voice their concerns, experiences, and build support systems.

JORDAN'S PRINCIPLE AND NORTHWESTERN FETAL ALCOHOL SPECTRUM DISORDER DIAGNOSTIC CLINIC

JORDAN'S PRINCIPLE

SLFNHA has recently been funded through Jordan's Principle from First Nation Inuit Health Branch (FNIHB) to expand the Complex Care Case Coordinator Program. This new initiative supports the delivery of a full range of services at SLFNHA to ensure that First Nations children, youth and families in our area have equitable access to needed developmental services. SLFNHA's service model for normative rehabilitation services ensures that services are culturally safe and utilize Anishinabe ways and practices.

SLFNHA is in the early implementation phase of this program and is actively recruiting several positions and starting to expand services. The goal of the expanded program is to increase case management support and access to services for community rehabilitative assessments, follow-up care plans, training, community-based worker supports.

SLFNHA will continue to engage with communities to inform the ongoing development of the service delivery model. The overarching goal of the program is to provide mobile services as professionals will travel to communities on a regular basis. The goal of the program is to provide integrated wrap around services to children and youth with the following services:

- Speech Language Therapy
- Occupational Therapy
- Physiotherapy
- Rehabilitation
- FASD Assessment Services
- Early Language Facilitation

This program is supported by staff including rehabilitation assistants, cultural liaisons, and family navigation supports.

NORTHWESTERN ONTARIO FASD DIAGNOSTIC CLINIC

The Clinic's purpose is to enhance the quality of life for children and families of our First Nation's communities through diagnostic assessment and facilitation of services. An accurate diagnosis assists parents/caregivers and professionals to establish appropriate medical, educational and social strategies, and access services and supports. Early diagnosis and support helps to maximize each child's potential.

NODIN CHILD AND FAMILY INTERVENTION SERVICES

Crisis Response Program

Outpatient Acute Care Service and Counselling of Youth in Schools

Mental Health Counsellors and Children's Mental Health and Addictions Workers Safe Communities

Specialty Services

Traditional Healing Program

Nodin Child and Family Intervention Services provides mental health services for children, youth, adults and families to First Nation communities in the Sioux Lookout region. Nodin continues to work to improve operational efficiencies to better serve communities. This included developing standard operating procedures, implementing a new management framework, and conducting reviews of our service areas, and intake service.

CRISIS RESPONSE PROGRAM

- There was a total of 66 letters of request for crisis response program support
- The program responded 57 times through deployment of:
 - 67 volunteer teams from neighbouring communities who spent a total of 285 days in communities providing immediate support such as 24 hour safety patrols and respite services (e.g. child care, cooking, cleaning) for families in crisis.
 - Eight crisis counsellors and cultural workers spent a total of 786 days in communities.
- Through group activities alone, the crisis workers supported a total of 31,618 people; this number not accounting for all the individual counselling and those supported through volunteer teams
- Between April 01, 2017 and March 31, 2018 Nodin received reports of 28 suicides (19 of these were youth), 18 tragic deaths and eight homicides.
- Nodin continues to focus on the funding and recruitment and retention strategies needed to provide counselling services to communities without overstressing our existing team.
- Ongoing development of written Standard Operating Procedures, Standard Supervision Model, Standard Debriefing Model will improve the consistency and quality of care.



21
communities
required crisis
response



635
individuals
seen for brief
counselling,
stabilization and
crisis
management



749
individuals
seen for mental
health
counselling in
the communities



98
participants
took part in
art therapy in
Sioux Lookout or
in communities



1,646
individuals
took part in
traditional
healing program

SIOUX LOOKOUT-BASED OUTPATIENT ACUTE CARE SERVICE AND COUNSELLING OF YOUTH IN SCHOOLS

- Top three reasons for referrals: grief and loss, suicidal ideation, and depression.
- Demand exceeded personnel requiring creative solutions to ensure clients could still be supported.
- Mobilized teams to work with ten family units, for whom grief and loss were the presenting issues.
- On-call after-hours system stretched. Client support for high risk cases was prioritized.
- The lack of appropriate in-patient services in the region is resulting in clients who may be better served by inpatient services being referred to Nodin's acute care program.
- Ongoing work includes developing a criteria review that will create a more comprehensive program and a multi-disciplinary team approach.

TRAVELLING MENTAL HEALTH COUNSELLORS AND COMMUNITY-BASED CHILDREN'S MENTAL HEALTH AND ADDICTIONS WORKERS

- Seven CMHAWs completed their second year of the Oshki-Pimache-O-Win Chemical Addictions Worker Diploma Program to successfully graduate.
- Capacity building and knowledge transfer: CMHAWs attended Return to Spirit training, eight educational sessions through a lunch and learn program, education sessions with Psychologists, suicide intervention training.

NODIN CHILD AND FAMILY INTERVENTION SERVICES (*CONTINUED*)

SPECIALTY SERVICES (PSYCHOLOGY AND ART THERAPY)

- There were 18 trips to communities.
- Between one part-time Psychologist and one post-doctoral intern, 68 individuals were seen for assessment.
- The value of these services has resulted in long wait lists and Nodin continues to work to respond to the high volume of service needs.

TRADITIONAL HEALING PROGRAM

- The Traditional Healing Coordinator provided services, ceremonies and teachings to groups or communities within NAN and Treaty #3 and to organizations such as the Northern Ontario School of Medicine, Meno Ya Win Health Centre; Queen Elizabeth District High School; Pelican Falls High School and Dennis Franklin Cromarty High School. The Ministry of Natural Resources also requested knowledge keepers to provide services to have a better

understanding of Indigenous cultures and practices.

- Requests for traditional services included the following ceremonies or activities: Spirit/Anishinabe name, colours for Regalia, funerals, Sweat Lodges, cultural teachings and drumming at conferences, drumming, feasts for Regalia, sacred items, plant medicines and teachings, plant medicines for healing, cultural spring and summer ceremonies, sacred fire.
- The Traditional Healing Coordinator made 15 community visits, provided service to 379 children, 1267 adults, and held 27 Sweat Lodge ceremonies. These numbers do not account for all the work also done by the contract Traditional Healers who travelled into communities.
- Nodin continues to work to identify additional resources to support the significant demand for the traditional healing program.



Walter Lyon, Clinical Supervisor, Nodin

"I have been working with SLFNHA for 14 years. When you work with somebody who is struggling and wants change and you can help open doors and create paths for them it is very rewarding. That has really motivated me over the years.

I remember I had an elder as a client. He had been the victim of sexual abuse. I supported him to confront his abuser. I helped him to make a plan and we walked through some what-if scenarios to make sure he could do it safely. His goal was to tell the man that abused him that he was taking his power back and that he was taking control of his life again. He went through that process and today he is a mentor and guide for other men who have been sexually abused. He is helping his community understand the history of residential schools and is helping to rebuild his community. I am still really inspired by this elder."

TELEMEDICINE PROGRAM AND NODIN TELE-MENTAL HEALTH SERVICES AND ADULT TELEPSYCHIATRY

The purpose of SLFNHA Telemedicine Program is to enable access to mental health clinical services and non-clinical events via confidential videoconference consultations (e-Health). Case management of clientele referred to Nodin Tele-psychiatry and Tele-Mental Health Services is provided by the Program Coordinator.

YEAR IN REVIEW

- Continued focus on advocacy for child/youth Tele-Mental Health Services & development of simple pathways between health care providers, clients, families & support workers in communities.
- To date, case load of Nodin Telepsychiatry: 152 clients.
- Community outreach & partnership development continues to be developed through provision of Tele-Mental Health Services coordination to Tikinagan, National Native Alcohol and Drug Abuse Program (NNADAP), and the Northern Nishnawbe Education Council (NNEC) students attending schools in Sioux Lookout.
- Improved working relationship with Nursing Stations in First Nations communities.
- Enhancement of the Centre for Addictions and Mental Health (CAMH) Adult Telepsychiatry services delivery.
- Coordination of mentoring consultations with Dr. Braunberger in support of Nodin.
- Community Mental Health & Addiction Workers (CMHAW) team in FN communities.
- Facilitation of educational videoconferences, research & promotion by email distribution updates.
- This year we have provided:
 - Clinical tele-mental health, adult telepsychiatry counseling, psychology, and developmental services to 314 clients through 473 coordinated events.
 - Education related to mental health, primary health care, and program presentations to 121 clients through 127 coordinated events.

ANISHINAABE BIMAADIZIWIN RESEARCH PROGRAM

In 2013 the Anishinaabe Bimaadiziwin Research Program was created through partnership between Sioux Lookout First Nations Health Authority and the Sioux Lookout Meno Ya Win Health Centre, which grew from the increased interest of First Nations communities, SLFNHA, and SLMHC, in research that would act as a catalyst to affect and promote healthcare change, through identifying and documenting programming gaps, disease prevalence, and health and social inequities.

YEAR IN REVIEW

- 13 articles published and accepted for publication, six articles submitted for publication, with an additional 29 projects in progress and 103 peer reviewed and published articles from 2007 to 2017.
- 16 new and amended existing research proposals reviewed for ethics approval, with 13 granted ethics approval and three denied approval through the Research Review and Ethics Committee.
- Continue services to First Nations communities wishing to engage in community-based participatory research projects, based on specific community priorities and interests.
- Hosted Round Table Discussions with the Scientific Director for the Institute of Indigenous Peoples Health of the Canadian Institutes of Health Research on Community-Based Participatory Research.
- Engaged in projects with eight universities and nine research institutes across Canada.
- Volume 4 Research Compilation and 10 Year Research Summary were published.
- Anishinaabe Bimaadiziwin Research Program Manager participates on the Steering Committee for a Northern Centre of Excellence Mental Health and Addictions, and is now a Science and Research Committee Member for the Thunder Bay Regional Health Research Institute.
- Research topics have included (but are not limited to) subjects of cross-cultural care, maternal-child care, palliative care, rural medicine, addiction medicine, infectious diseases, and rural medical education.

SIOUX LOOKOUT AREA INDIGENOUS INTER- PROFESSIONAL PRIMARY CARE TEAM

Through the Sioux Lookout Area Primary Care Team (SLAPCT), community members will be able to establish a continuous relationship with health care providers for comprehensive, primary health care close to home. As a collaborative team practice, the Primary Care Team provides services for all age groups, with a specific focus on Children and Youth, preventative care and improved management of chronic disease; through both treatment and monitoring, as well as support for clients in improving self-management skills.

PRIMARY CARE TEAM MODEL

The intention of the model is to fill gaps in services and to ensure that service providers are operating in a team environment; to provide wrap-around services and seamless primary care. The SLAPCT will serve residents of First Nations communities within the catchment area, as well as the residents of Sioux Lookout.

The model will see the SLAPCT divided into smaller teams which will be responsible for the provision of care to a cluster of First Nation communities. The team will travel on a regular basis to communities to provide team-based collaborative care; including working alongside the local resources at the nursing station; which include nurses, physicians and community-based workers.

Ongoing development of the model will occur, including continued partner and community engagement. An Advisory Committee, composed of SLFNHA Board members, SLFNHA staff, Physician Group members and Tribal Council membership will be set up, to guide the development and implementation of the model as per Resolution #17-09.

SLAPCT TEMPORARY BUILDING

When not in the First Nation communities, the Primary Care Team staff will be located in Sioux Lookout. Currently, SLFNHA has entered into a lease agreement for a temporary location at 55 Queen Street, while the permanent Primary Care Facility is developed. Firefly staff have been located in the building on a temporary basis, until the new High School construction is completed on August 15, 2018



Left to Right: Terri Farrell, Janel Genge, and Michele Rousseau



Children's waiting area at the Sioux Lookout Primary Health Care Team office.

SIOUX LOOKOUT AREA PROFESSIONAL PRIMARY CARE TEAM (CONTINUED)

HUMAN RESOURCES

Cindy Hunt was hired as the SLAPCT Director effective November 14, 2017. Interviews were held for the Administrative Assistant and Clinical Assistant positions. Job offers were made and SLAPCT was awaiting responses as of March 31, 2018. Interviews were held for professional/clinical staff. As of March 31, 2018, two candidates have accepted via contracted services, namely:

- **Psychiatrist:** Dr. Albert Allen from Toronto, approached SLFNHA with a proposal to provide a “blended model” consisting of face-to-face and tele-psychiatry services in Sioux Lookout on a regular basis (3 days every two months).
- **Nurse Practitioner:** Presently working with a NP who is interested in providing contract services.

Recruitment is ongoing or planned for the following positions:

CURRENTLY RECRUITING	PROPOSED FUTURE RECRUITING
Nurse Practitioners ²	Manager/Supervisor
Clinical Dieticians	Interpreter
Social Workers	Traditional Healers/Culture Coordinator
Physiotherapists	Clerical Staff
Occupational Therapists	Case Workers
Kinesiologists	Pharmacist ¹
Speech Language Pathologists ²	Psychologist ¹
Community Health Workers	Program Administrative Assistant ²
Clinical Assistant ²	Specialty Services

¹ Planned Postings in near future

² Progress in recruitment in fiscal year 2018/19

- SLFNHA Recruitment Event was held in Toronto at the Royal York on January 26 and 27, 2018.
- Attending a Recruitment Event in Winnipeg at the University of Manitoba on March 12th, 2018. This event will be focussed on rehabilitation students including Occupational Therapy (OT), Physiotherapy (PT), and Kinesiology.

- Contact established with Regional Rehab Care Coordinator for St. Joseph's Care Group, who is working with PT/OT in the Northwestern Region to address PT/OT gaps in service with a focus on the Indigenous communities.
- Contact established with Dr. Anna Banerji, Faculty Lead, Indigenous and Refugee Health, University of Toronto who is interested in supporting SLFNHA with SLAPCT recruitment & retention efforts.
- MOHLTC Grant and Retention Incentives have been expanded to include incentives for rehabilitation professionals and nurses working in Underserviced Areas. Additional information is available at the MOHLTC's website <http://www.health.gov.on.ca/en/pro/programs/northernhealth/>

ADDITIONAL FUNDING

In January 2018 the Minister announced new funding for SLFNHA that will support an enhanced Indigenous Interprofessional Primary Care Team. This was a collaborative submission with the support of Keewaytinook Okimakanak (KO) Tribal Council, Windigo Tribal Council, Independent First Nations Alliance, Shibogama Tribal Council, Sandy Lake First Nation and Mishkeegogamang First Nation. This additional funding amount of \$2.3-million, is in addition to the original \$3.3-million announced in 2016/17. This brings the overall funding for SLAPCT to \$5.5-million for fiscal year 2017/18.



DR. TERRI FARRELL

MEDICAL DIRECTOR

The Medical Director functions have expanded significantly in the past year. The Health Authority has received funding to increase services at community level for both new and existing programs. This involves complex planning processes, community consultations, recruitment of personnel plus multiple steps to operationalise these much-needed services.

Recruitment and retention of physicians in our area continues to be challenging. Studies have identified that isolation from family or friends, lack of appropriate spousal employment, inadequate education and other opportunities for children are common barriers to recruiting and retaining physicians. In our setting, the high burden of disease, poor living conditions, lack of access to services, clean water and healthy food, means that patients are often much sicker than elsewhere and require much higher levels of care. Specialist services in our area have been largely confined to General Surgery. This means that the Family Physicians must remain competent in all areas of Medicine which is demanding and can be very stressful. Retaining our existing doctors is much easier when they are welcomed into communities and supported not only by SLRPSI /SLFNHA /Meno Ya Win Health Centre but also by community leadership and members.



Our continued recruitment efforts in the last year have resulted in, not only the addition of some excellent family physicians, but also an Infectious Diseases Specialist. SLRPSI, SLFNHA and Meno Ya Win Health Centre recently submitted a joint proposal to the Ministry of Health for funding to support increased Specialist Services to our area. If successful this would include Pediatrics, Psychiatry and Internal Medicine.

The Medical Director oversees the quality of medical services in the Northern Clinic and in communities. Quality medical services starts with the selection and approval of appropriately qualified and experienced physicians for the Northern Practice. All physicians are licensed by the College of Physicians and Surgeons of Ontario, are Certified by the Canadian College of Family Physicians and are in Good Standing with both Colleges. In addition, many physicians have achieved extra qualifications in such areas as Emergency Medicine, Obstetrics, Anesthesia and Addiction Medicine.

Once physicians are credentialed and approved

by Meno Ya Win, they receive an extensive orientation to the practice of medicine in remote Indigenous communities. Emphasis is placed on cultural awareness and sensitivity to the socioeconomic challenges, social determinants of health and other unique health needs facing the First Nation patients in our area. Physicians are encouraged and supported to participate in community events, develop positive relationships with community members and leadership, and to meet with leadership regularly.

Once we have recruited qualified physicians we continue to ensure appropriate care is delivered by encouraging good communication between patients and care providers, conducting regular reviews of patient records, and holding case meetings. Regular collaboration between physicians and nursing services including the recent introduction of joint physician and nurse Case Reviews of challenging medical cases by Telehealth are promising developments in our continued focus on providing high quality care to patients in our area.



Sioux Lookout Regional Physician Services Inc.

SIOUX LOOKOUT REGIONAL PHYSICIAN SERVICES INC.

SLRPSI was established in early 2010 to provide innovative, patient-focused physician services in the Sioux Lookout area. SLRPSI is a corporation founded to plan, govern and manage physician services. SLFNHA provides administration and management support to SLRPSI.

YEAR IN REVIEW

- Sioux Lookout Meno Ya Win Health Centre inpatient beds are consistently at or near full capacity with patients admitted for more than one acute issue.
- Local service needs continue to increase dramatically in both community and hospital.
- SLRPSI continues with the challenge of recruitment and retention of physicians as does the entire province of Ontario. SLRPSI continues to improve on strategies to increase physician human resources for the area.
- Information Technology staff continue to work with all northern communities to improve connectivity for physicians and other health professionals to better serve clients from their electronic medical record (EMR).
- SLRPSI continued its work on a business plan to increase specialist services in the region.
- SLRPSI physicians continue to face accommodation challenges in many remote communities. Recent increases of a variety of professionals working in our remote communities applies pressure on the limited infrastructure in many communities.
- SLRPSI representatives are actively participating in the NAN Health Transformation work.

- SLRPSI Board continued to improve on its engagement with remote community leadership, health providers and allied services.
- Nurse Practitioner holds a weekly clinic for students at Pelican Falls High School throughout the school year.

2017- 2018 STATS

- 2690 physician days in remote communities.
- 69 Addiction Physician days in remote communities to support Suboxone Programs.
- 5963 client visits to the Sioux Lookout Northern Clinic.
- 1697 clinics held throughout the year at the Sioux Lookout Northern Clinic.

CHALLENGES

- Adequate physician human resources continue to be a challenge for the region. SLRPSI have set strategic direction for improving physician services to include retaining of physicians who make commitments to work in this region.
- Lack of local specialists continues to impact on the daily workload to support family physicians. SLRPSI looks forward to submitting their business plan to the MOHLTC and working on a solution together.

BOARD OF DIRECTORS 2017/18

John Cutfeet, SLFNHA, Chair

Dr. Terry O'Driscoll/Dr. Barbara Russell-Mahoney SLMHC

Solomon Mamakwa, SLFNHA

Dr. Joseph Dooley, Hugh Allen Clinic

Sadie Maxwell, SLMHC

Dr. Kathy Pouteau, Northern Practice

Jethro Tait, SLMHC

Dr. David Folk, AMDOCS

Darcy Beardy, SLFNHA

Cindy Moffatt, Physician Manager



CHIEFS COMMITTEE ON HEALTH

The Chiefs Committee on Health (CCOH) was formed in March 2004 (Resolution 04/46) by the Sioux Lookout Zone Chiefs. Its tasks were to lobby to safeguard current resources as well as seek additional resources for community health programs and services, to guide and direct development of health initiatives, and to facilitate and improve communication between First Nations, organizations and service providers.

In 2006, the mandate of the CCOH (Resolution 06/08) was expanded to include providing oversight on activities carried out by SLFNHA as per the Anishinabe Health Plan (AHP) implementation. At that time, the CCOH was also asked to continue to lobby for resources to fill the gaps in health services for First Nations members and monitor issues relating to Non-Insured Health Benefits (NIHB).

YEAR IN REVIEW

CCOH has continued its important advisory role of providing community input into SLFNHA program planning and development work including input on:

- SLFNHA and CCOH's roles in Health Transformation
- Components of the Approaches to Community Wellbeing program including the role of the Public Health Physician
- First Nations access to data and how to overcome existing barriers and challenges

This advisory work strengthens the program plans that SLFNHA introduces to communities at the Annual General Meeting or during community visits.

CCOH advocacy work in the past year has been focused on:

- Advocating for Meno Ya Win Health Centre to be designated Federal Land. This would reinforce the Federal Government's commitment and relationship to First Nations health.
- Advocating for an urban reserve in Sioux Lookout to support economic development driven by First Nations organizations.
- Advocated for Indigenous Services Canada to transition current housing and land from old Zone Hospital to the Health Authority.

CCOH has also been active in developing the CCOH Strategic Plan and updating its terms of reference. This plan will focus on three areas of priority:

- Implement Health Transformation Strategy
- Advocate to governments for resources to go directly to communities
- Communication Strategy

A Charter of Relationship Principles for Anishinabe Health System Transformation has been approved and all parties are moving forward on a NAN wide strategy. CCOH is supportive of the NAN Health Transformation plan and wishes to collaboratively move this issue forward.

CCOH is encouraging NAN to include SLFNHA and CCOH in discussions as this important work moves forward.

This past year, CCOH has welcomed two new committee members. Chief David Masakeyash of Mishkeegogamang and Chief Donny Morris of Kitchenumaykoosib Innniuwug.

In the coming year CCOH will continue to support the implementation of the AHP specifically in the areas of:

- Implementation of the CCOH Strategic Plan
- Provide input on Approaches to Community Wellbeing system development (public health)
- Provide advisory support to the development of the permanent Primary Health Care Unit
- Strengthen relationships with other First Nations governing bodies

REPRESENTATIVES 2017/18

Chief James Cutfeet, Kitchenuhmaykoosib Innniuwug (2017)

Chief Donny Morris, Kitchenuhmaykoosib Innniuwug (2018)

Chief Clifford Bull, Lac Seul First Nation

Chief Connie Gray-Mckay, Mishkeegogamang First Nation (2017)

Chief David Masaykeyash, Mishkeegogamang First Nation (2018)

Chief Liz Atlookan, Matawa Tribal Council

Arnold Gardner, Eagle Lake First Nation

Chief Eddie Mamakwa, Kingfisher Lake First Nation

Chief Titus Tait, Sachigo Lake First Nation

No representative currently, Sandy Lake First Nation

Tina Kakepetum-Schultz, Keewaytinook Okimakanak Council

ELDERS

Hammond Lac Seul, Lac Seul

Emily Jacobs, Webequie



Heather Lee, President and CEO

Sioux Lookout Meno Ya Win Health Centre

“I really value the partnership we have with SLFNHA. The Sioux Lookout Meno Ya Win Health Centre and SLFNHA senior management teams meet together on a regular basis. We do this to make sure we are coordinating and collaborating around client services and to identify where we can continue to improve our services. At those meetings I see real commitment from everybody to improving health outcomes for the people in our communities.”

PARTNERS

Aboriginal Healing & Wellness Strategy

Carleton University

Canada Council of the Arts

Centre for Addiction and Mental Health

Chiefs Committee on Health

Chiefs of Ontario

Children's Mental Health Centre of Excellence

Children's Hospital of Eastern Ontario

FIREFLY

First Nations Family Physicians and Health Services

Fort Frances Tribal Area Health Authority

First Nations & Inuit Health Branch

Government of Canada / Health Canada /

Indigenous Services Canada

Keewaytinook Okimakanak Telemedicine

Kenora Chiefs Advisory

Local Health Integration Network

Maamwesying North Shore Community Health Services

Nishnawbe Aski Nation

Northwestern Health Unit

Northwestern Ontario Infection

Control Network

Northern Ontario School of Medicine

Ontario Sick Kids Telepsychiatry

Ontario Provincial Police

Ontario Trillium Foundation

Paawidigong First Nations Forum

Province of Ontario

- Ministry of Community & Social Services
- Ministry of Children & Youth Services
- Ministry of Health & Long Term Care

Sioux Lookout area First Nations

Sioux Lookout area Tribal Councils

- Independent First Nations Alliance
- Keewaytinook Okimakanak
- Matawa First Nations Management
- Shibogama First Nations Council
- Windigo First Nations Council

Independent First Nations

- Sandy Lake First Nation
- Mishkeegogamang First Nation

Sioux Lookout-Hudson Association for Community Living

Sioux Lookout Meno Ya Win Health Centre

- Community Counselling and Addiction Services

Sioux Lookout Pastoral Care Committee

Sioux Lookout Regional Physicians Services Inc.

Surrey Place Centre

Tikinagan Child and Family Services

Thunder Bay District Health Unit

University Health Network

University of Toronto Psychiatric Outreach Program

Wabun Tribal Council

Weeneebayko Area Health Authority



Sioux Lookout
First Nations
Health Authority

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