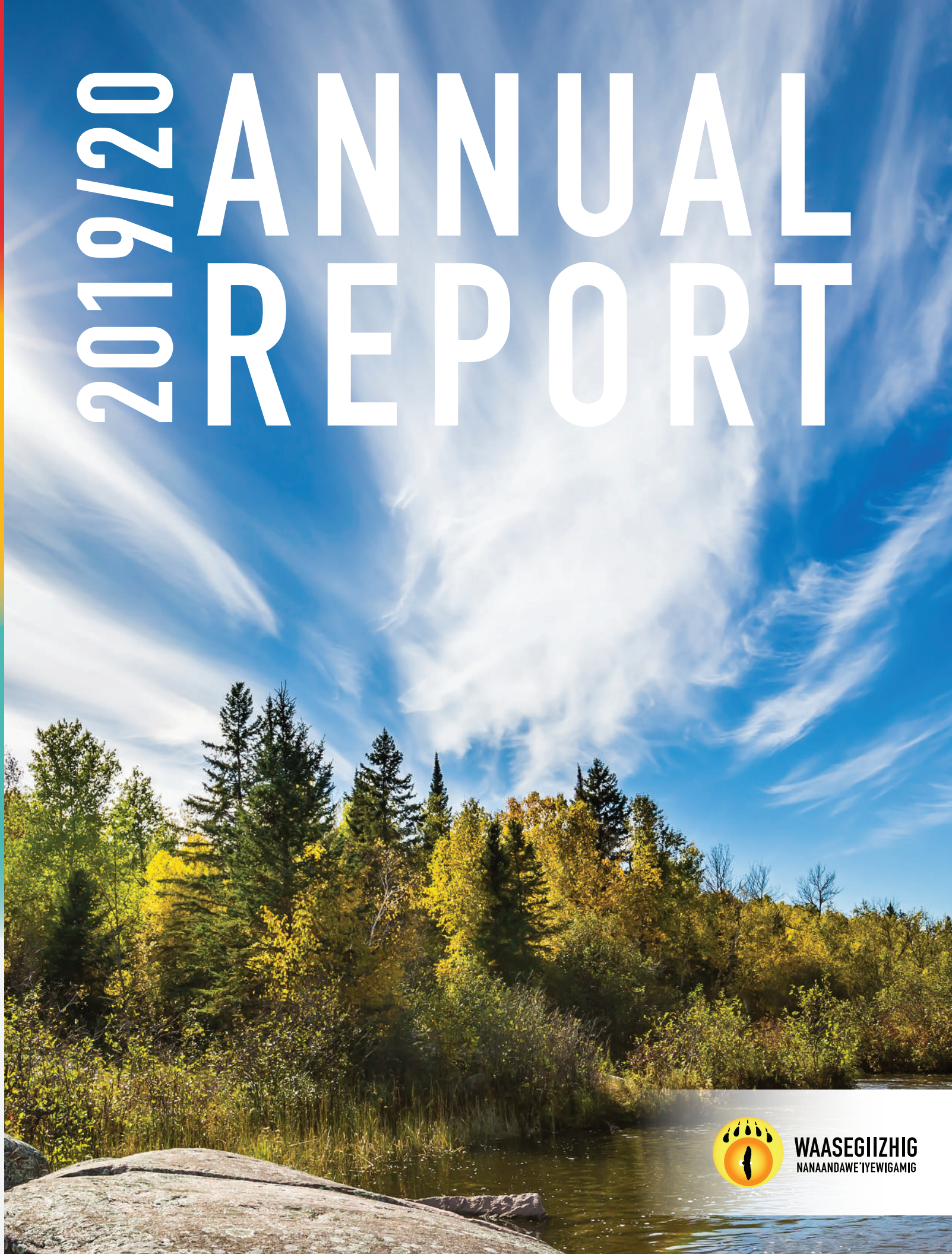
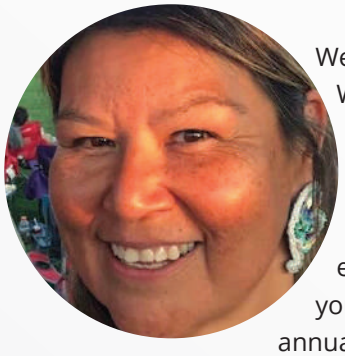
2019/20 ANNUAL REPORT



WAASEGIIZHIG
NANAANDAWE'IYEWIGAMIG

BOOZHOO NDINAWEMAAGANIDOK,



We all have wisdom. We all have questions. We do not always think we also hold the answers, but we do.

The board meets monthly to represent our member communities and bring the experience and the knowledge held by all of you, our relatives, to the table. As you read this annual report, I hope you will see opportunities to access all of the services that can support you and your family right in your own community. Going forward, I hope you will share your experience and help us continue to build wholistic, generous and heart-centred primary healthcare services as part of a healthcare system that connects all of us.

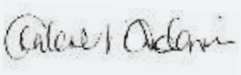
Our health needs are as different as our communities. This means that each of our stories is important. Tell us what you have learned to support your family and what your relationship with your own health has taught you. We can all learn from each other.

The dream that brought Waasegiizhig Nanaandawe'iyewigamig into being over two decades ago still guides us. And, while we are passing through yet another time of uncertainty, we know the way. In addition to proudly celebrating our successes, we will help our region build a more inclusive and innovative culture of health and healing.

Ownership of our own healthcare system is the collective vision that guided us to this point. It remains an essential principle as we shape the decisions for our health going forward.

Initiatives like the "Our Health Counts" project, and the many ways that the WNHAC staff engages us as owners and clients give us very real and ongoing opportunities to get involved.

You are always welcome to speak with us and attend our meetings.



Charlene Mandamin
President

EXECUTIVE DIRECTOR MESSAGE

The past few years have been a whirlwind of growth and change. Just when we think we have an opportunity to catch up with ourselves, something else comes up to keep us just a little off-balance...

The Truth & Reconciliation report of 2015 and the state of emergency declared by Nishnawbe Aski Nation in 2016 triggered a significant expansion of Indigenous-led healthcare services across the province. For Waasegiizhig Nanaandawe'iyewigamig, this has meant growth for our inter-professional primary healthcare teams, a new satellite site in Dryden and new programming at our healing lodge. Key improvements at the lodge include an aftercare component and non-residential outreach programming.

At the same time, the coalition known as All Nations Health Partners was forming in response to challenges recruiting and retaining healthcare professionals, and – more importantly – the need to bring a more unified and coordinated approach to healthcare in the whole area. This past year we were part of the first wave of Ontario Health Teams approved for implementation.

Growth and change are challenging at the best of times and those challenges are compounded as we work through finding a whole new way of relating to our many partners in terms of how we all do business. The challenges are further compounded when growth is limited to less than half the resources necessary to meet identified needs and a highly competitive labour market makes it hard to fill new positions. And more providers and services need support for their work – travel, program resources and supplies, payroll and accounting – and most importantly, communication services. Oh yes, and space...

Our new building project – launched to great fanfare in 2013 – is finally becoming real. Quick recap: we bought the Kenwood property in 2013, demolished the building when it became clear that a renovation would not meet our needs, traded land with the City of Kenora and are now well into the detailed design to support tendering and construction activities.

A number of other achievements occurred during 2019/20:

- MNP review of management structure and compensation completed
- Communication strategy developed
- Accreditation initiated
- Our Health Counts research launched
- Digital HR solution launched
- Orientation process updated
- Client advisory committee established
- Transitioned to Telus/PSS electronic health record
- Elders' summit held
- Gathering of drums and healers to discuss impending COVID-19 pandemic
- Traditional food guide developed
- Indigenous food sovereignty research completed

And then, COVID-19 hit and put completion of many initiatives on hold as we adapted processes to keep staff safe while maintaining essential services and at the same time dealing with yet another new development. At this time, we are all adjusting to a new normal in which we try to carry on as much of our regular business as we can while remaining ready to pivot at a moment's notice in the event of a 'second wave'.

To sum up: the pace of growth and change can sometimes feel overwhelming. I can't help but flash back to key points in our history. We've been here before, and will no doubt be here again as we move forward in our collective evolution. Crystal clarity on our reason for being—our mission, vision, and values as a community-based Indigenous organization – is what keeps us grounded and focused on our journey.

Anita Cameron
Executive Director

KIITIBAADAMIN NANAANDAWE'IYEWIGAMIG

WE HAVE OWNERSHIP OF OUR OWN HEALTHCARE

BOARD OF DIRECTORS

as of March 31, 2020

Director (Alternate)	Office	Representing
Charlene Mandamin (Barb Kejick)	President	Iskatewizaagegan No.39
Martin Camire (Liz Boucha)	Vice-President	Kenora Metis Council
Brenda Freel (Cathy Green)	Secretary/Treasurer	Shoal Lake 40 First Nation
Rudy Turtle (Jason Kejick)		Asubpeeschoseewagong Netum Anishinabek First Nation
Dolores Sinclair		Washagamis Bay First Nation
Linda Copenace		Wauzhushk Onigum Nation
Bernice Major (Lorraine Kabestra)		Niisaachewan Anishinaabe Nation
Conrad Tom		Naotkamegwanning First Nation
Farrell Desrosiers		Northwest Angle #33 First Nation
Jessica Kempenich		Animakee Wa Zhing First Nation
Georgina McDonald		Wabaseemoong Independent Nations
Marlene Elder (Patti Fairfield)		NeChee Friendship Centre
Clayton Wetelainen		Wesawkwete – Zone 1
Veronica Fobister (Lorraine Cobiness)		Kenora Chiefs Advisory

FOUNDING BOARD OF DIRECTORS

Letters Patent of Incorporation, issued May 12, 1999

Director	Office	Representing
Chief Marvin Sinclair	President	Washagamis Bay First Nation
Don Copenace	Vice-President	Nechee Friendship Centre
Chief George Crow	Secretary/Treasurer	Naotkamegwanning First Nation
Chief John Wapioke		Iskatewizaagegan No. 39
Ken Cripps		Wesawkwete - Zone 1
Roland Chartrand		Kenora Métis Council
Emma Paishk		Wabaseemoong Independent Nations
Chief Joe P. Seymour		Niisaachewan Anishinaabe Nation
Tania (Beardy) Cameron		Kenora Chiefs Advisory
Lance Sandy		Kenora Chiefs Advisory

STRATEGIC DIRECTIONS UPDATE

Our ORIGINAL MANDATE (May, 1999):

- To operate a community health centre and outreach services that includes primary health care, public health services, educational, promotional and supportive services and traditional healing.
- Facilitate, support and conduct research into traditional healing practices and First Nations health issues
- Promote and facilitate the training and education of First Nation and Aboriginal persons in the health care field

Our MISSION

To foster healthy Anishinaabeg, families, and communities through traditional and contemporary health care encompassing heart, mind, body and spirit

Our SHARED VISION

Healthy communities where we have ownership and responsibility for our own health care, we live a good life, take personal responsibility for our own health, follow our ways of being and healing, and encourage and support our young to succeed.

Our CORE VALUES ...

Nibwaakaawin (Wisdom)
we gain wisdom by listening and learning in a never-ending process

Zaagi'itiwin (Love)
we were created to take care of the land and each other

Manaaji'itiwin (Respect)
everyone deserves to be valued, and treated with dignity and love

Zoongidewin (Bravery)
bravery is taking risks and being accountable for ourselves and our actions

Gwekawaatiziwin (Honesty)
honesty is being transparent and dependable; saying what we mean, and doing what we say

Dabasendisowin (Humility)
no one is more valuable or important than anyone else

Debwewin (Truth)
truth is perception based on facts and evidence

1. Model collaborative governance

"Equal and mutual accountability for improved outcomes for shared clients/community members"

- active participant in All Nations Health Partners; fundholder and employer for recruitment initiative; signatory to successful OHT application; active involvement in OHT working groups
- active participant in collaborative responses to COVID-19 crisis including mobile testing, monitoring persons awaiting test results, ER diversion initiative
- extensive networking with partner organizations to coordinate services to achieve maximum impact
- collaborative planning between WNHAC teams and community partners is ongoing
- client advisory committee established in 2019 to include youth, elder and consumer perspectives in planning and decision-making
- book celebrating the history of Indigenous health care and WNHAC to be released in 2020

2. Build capacity internally and with communities

"Develop skills, knowledge, structures and ways of working to reflect needs and priorities"

- commitment to quality includes updated program planning/ evaluation process; documented evaluations for all participant-based activities; and annual client satisfaction surveys
- staffing has grown by 30% in each year since 2017; a significant proportion of employees are local
- communication strategy developed with input from community members; implementation currently underway
- collaborative planning with community partners to create a circle of care in communities
- agreements with Seven Generations and other post-secondary institutions for practicum placement opportunities
- annual bursary for high school graduates pursuing post-secondary education in a health-related field

3. Strengthening culture and traditions

"Draw on our cultural resources to learn, to teach, to heal"

- cultural (human) resources have doubled since 2017
- culture-based healing lodge program expanded to provide land-based programming for at-risk youth
- culture and ceremony arefoundational for all organizational initiatives; ceremony is a key element in decision-making
- elders' summit held in January 2020 to celebrate traditional wisdom and support future directions
- gathering of drums and elders held in February 2020 to inform COVID-19 response
- cultural protocols part of all organizational meetings
- cultural safety and humility policy developed to reinforce elders' guidance and clarify expectations for programs and services
- reporting formats updated for 2020 to equally reflect all areas of focus and services provided

4. Increase and improve access to care

- increased staffing supports consistent scheduling and improves access to quality and timely care for individuals, families and communities; service targets have been set and regular monitoring implemented
- updated communication materials describing services, activities and schedules (Facebook and web content, brochures, posters) prepared for release in 2020
- development of space for Waasegiizhig Nanaandawe'iyewigamig to support clients and a wholistic model of care progressing (project is now at the pre-tendering stage)

4(a) Care for our elders

- elders' summit held in 2020
- elders and healers engaged in COVID-19 planning
- elders regularly engaged to support programming and service delivery

4(b) Improve wellness and balance

- each interprofessional team now includes a mental health (emotional wellness) clinician
- flexible scheduling introduced to better meet client needs
- healing lodge initiated co-ed programs to reduce wait time for residential sessions
- new land-based healing program established (implementation delayed by COVID-19)

4(c) Effective prevention and support

- future focus is on upstream initiatives such as midwifery, land-based healing, traditional diet, and food security

OVERVIEW OF SERVICES

Services are provided by four interprofessional teams who focus on specific communities/populations in our catchment area (Waabanong, Zhaawanong, Ningaabii'anong, and Giiwedinong) and share responsibility for the urban population. Each team provides the following programs and services in the communities they serve:

Health and Wellness

- reproductive and sexual health; birth control
- prenatal care to 20 weeks
- well-child/adult and preventative care (immunizations; wellness checks; cancer screening)
- emotional wellness support as part of wholistic health care
- community (public) health nursing services in seven communities
  - health education and promotion programming
  - healthy eating/active living
  - diabetes prevention
  - smoking prevention, cessation
  - early child development (FASD prevention)
  - harm reduction (HIV/AIDS prevention)
  - children's oral health

Acute, Episodic Care

- assessment, diagnosis, and treatment of specific issues that can be dealt with in a single encounter (ie. time-limited illnesses such as infections, skin conditions, wound care, suture removal, pre-op exam)

Complex Care/Chronic Disease Management

- emotional wellness support addressing complex trauma issues
- diabetes management
  - nutrition counselling
  - basic and advanced footcare
  - wound care
- chiropody
- COPD, asthma
- heart health, hypertension
- homecare services in four communities

The interprofessional teams are complemented by **Shaawanobinesiik Gibichii'igamig**, an eight-bed outpatient hostel located on the third floor of Lake of the Woods District Hospital. This program provides accommodation and support for people accessing hospital outpatient services, family members of gravely ill inpatients, and recently discharged patients who require a level of care or monitoring not safely available in their home.

Waashkootsi Nanaandawe'iyewigamig, a healing lodge located in Washagamis Bay First Nation, also supports the interprofessional teams by providing residential programming for persons who want to focus on personal healing. A 10-bed adult, co-ed residential healing program helps participants break negative cycles by addressing underlying issues and root causes, and fostering development of knowledge and skills that support healthy lifestyles. The program consists of group sessions combined with hands-on/land-based activities, ceremonies, and individual counselling as well as access to comprehensive primary health care to address wholistic health needs. Non-medical opioid withdrawal management, aftercare services, and outreach activities in communities were added in 2019/20.

Health education and promotion activities are based on Indigenous ways of knowing. Areas we focus on include:

- Healthy eating/active living
- Diabetes prevention
- Smoking prevention and cessation
- Early child development (FASD prevention and support)
- Sexual and reproductive health and harm reduction (HIV/AIDS education and support)
- Children's oral health
- Adult oral health screening
- Traditional and cultural activities

"I learned how to cook, how to manage patience/ understanding with surroundings and co-residents, more about myself—anger, grief and guilt. I really outlined what was important to me and I do believe I have grown in so many ways to keep feeding my spirit within and to keep on."

Healing lodge client

"The sweats were powerful, I got to learn more about myself."

Healing lodge client

OUR COVID-19 JOURNEY

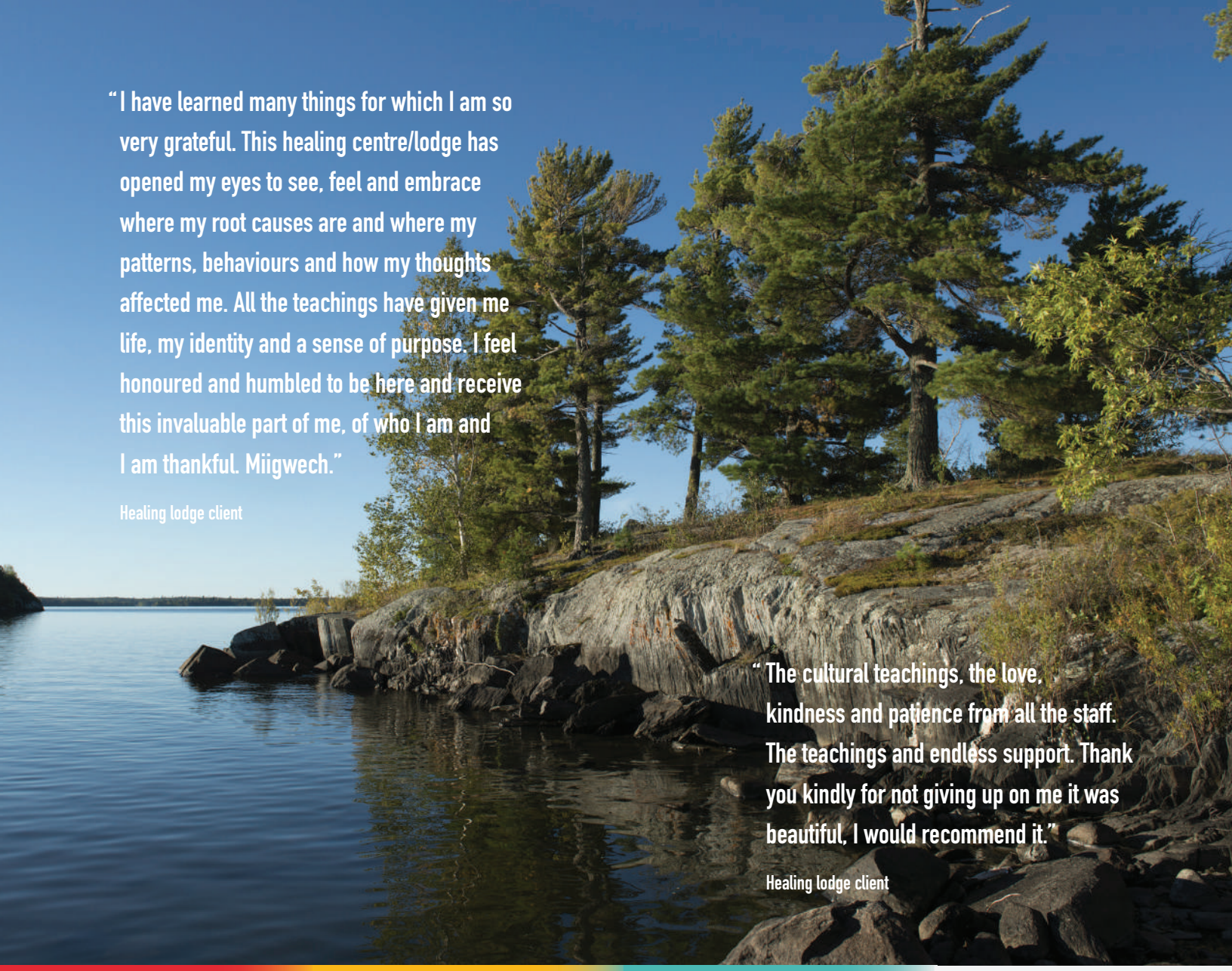
I remember being in Toronto near the end of January 2020 and hearing that COVID-19 had arrived in Canada. Little did anyone know then how much life as we knew it would change over the next few months.

A short time later, some local Elders and healers raised concerns about the impending pandemic and a gathering of drums and healers was held on February 6 to seek advice on how to be prepared. The direction received was shared through social media and our Cultural Coordinators have maintained a supply of the recommended medicines throughout the pandemic.

Lessons learned during H1N1 experience in 2009 really made a difference as COVID came closer. Surveillance screening for seasonal influenza has become an annual thing, so we just had to step up our vigilance and update the screening tool to reflect the ever-changing range of COVID symptoms. Our Emergency Response/Business Continuity Plan provides a framework for responding to a variety of issues, including infectious disease, and the appropriate Situation Team took early action to make sure we were prepared. Steps were taken as soon as the pandemic was declared to protect both clients and staff from risk of exposure while maintaining essential services to take care of the most important needs.

Early identification has always been a key focus in our work, so COVID testing was one of the first priorities to work on. We collaborated with our All Nations Health Partners – including Lake of the Woods District Hospital, Northwestern Health Unit, Kenora Chiefs Advisory and the Sunset Country Family Health Team – to establish a central assessment centre in Kenora, complemented by mobile outreach testing in surrounding communities. The partners also developed isolation strategies and plans for monitoring any positive cases to ensure timely access to care as needed.

Fortunately, there have only been eight cases to date in the Kenora area. Five of these were in the population we serve and, thanks to solid planning, strong partnerships, and vigorous public health measures at the community level, were contained in a single community.



Six months later, the case count is still growing steadily around the world. The world-wide number is now over 25 million, with almost 130,000 of those occurring in Canada. Around the world, just over 3% of those infected have died; in Canada that number is around 1%. To date, the majority of deaths have occurred in Brazil, the US, Russia and India. When comparing strategies from various countries, it seems *testing, contact tracing, physical distancing, hand washing and mask wearing when unable to distance* are all key public health measures for minimizing risk. These strategies are becoming our collective 'new normal' as we navigate these unprecedented times.

COVID has served to demonstrate the value of collaborative planning and partnerships. The All Nations Health Partner table, and work in progress to establish an Ontario Health Team, provided an existing foundation on which to base collective responses to this crisis. Another lesson learned during H1N1 was the need for improved communication and coordination of resources. Coming out of COVID, we see that communication can still be better – but coordination has definitely increased!

It doesn't look like COVID is going away anytime soon. The challenge for the coming months will be finding different ways of making sure people have access to the care and services they need, that will also keep clients, providers and community members as safe as possible.

THE PAST YEAR AT A GLANCE

BODY (Clinical Services)

Total registered clients	13,532
Total active clients	6,111
Total client encounters for the year	17,548
Average encounters per client	2.87
Top 10 issues addressed by physicians and nurse practitioners: • Diabetes • Hypertension • Depression • Anxiety • Upper respiratory infection • Smoking addiction • Reflux disease • Asthma • Prenatal care • Chronic pain	
Total clinic days	3,869

SPIRIT (Healing/Mental Health Services)

Top 10 issues addressed by Emotional Wellness Therapists (Psychotherapist or Social Worker): • Anxiety • Depression • Grief • Stress (personal) • Stress (family) • PTSD • Relationship issues • Feeling overwhelmed • Trauma • Anger management	
Total therapy days	544
Total residential days	224
Total healing lodge clients	37
Total healing lodge outreach activities	240

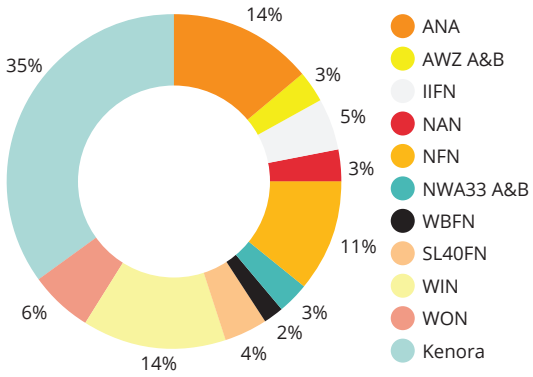
MIND (Program Services)

Health promotion themes (power through knowledge): • Healthy eating/active living • Diabetes prevention • Smoking prevention/cessation • Sexual & reproductive health • Early child development • Oral health • Harm reduction	
Total health promotion activities	470
Total health promotion participants	6,018
Total discrete cultural activities [1]	108
Total participants in cultural activities	3,478
Total hostel clients	621
Total hostel bed nights	1,780

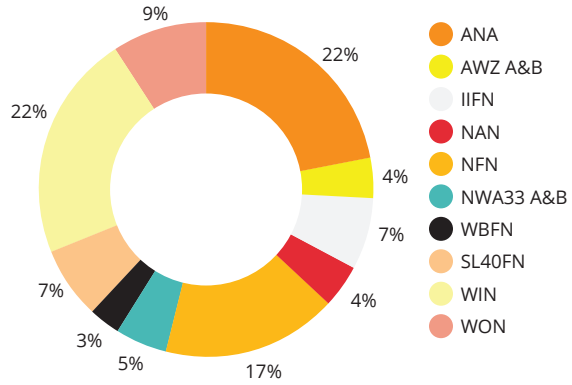
[1] NOTE: All services, including health promotion activities, are expected to reflect Indigenous culture to the greatest extent possible. Discrete cultural activities are examples on which other programming can be modelled.

AT A GLANCE – WHO WE ARE SERVING

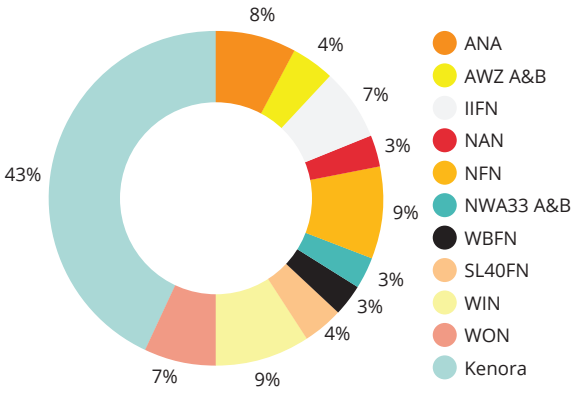
Total catchment population distribution



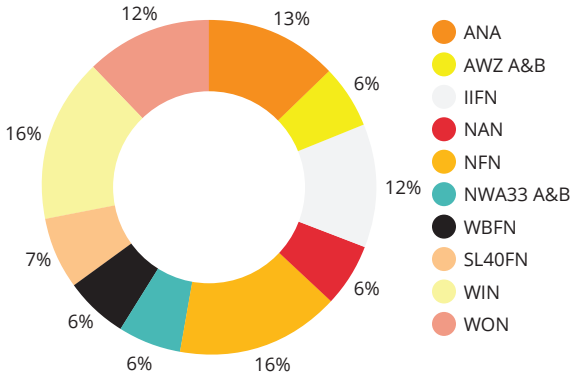
On-reserve population distribution



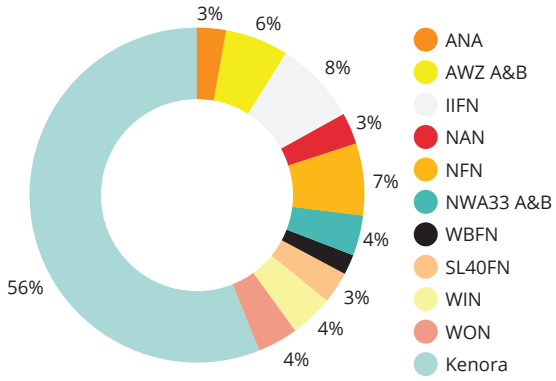
Total active client distribution



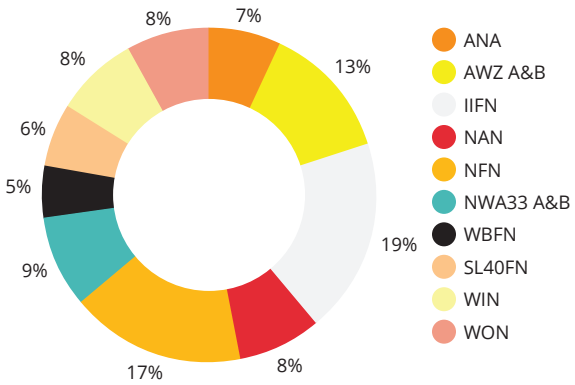
On-reserve active client distribution



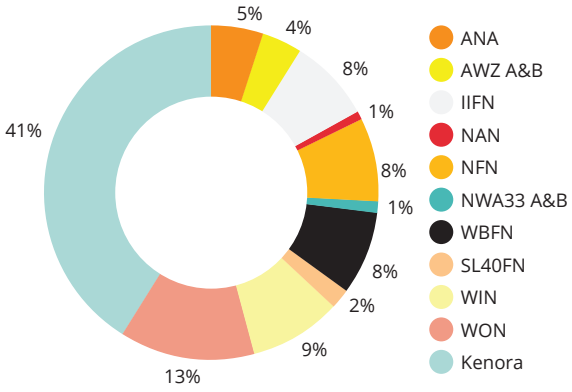
Total in-person clinical encounters



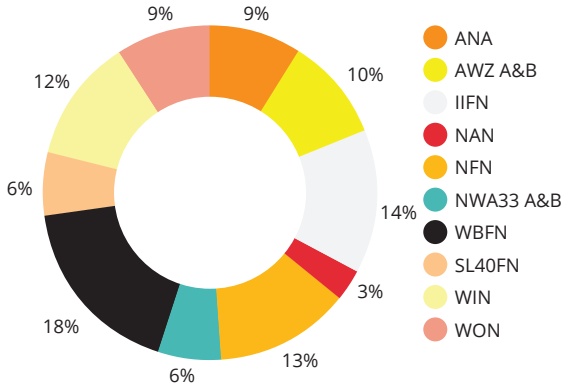
On-reserve in-person clinical encounters



Total health promotion/cultural activity participants

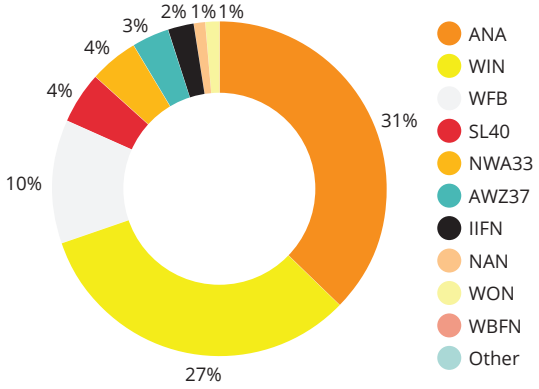


On-reserve health promotion/cultural events

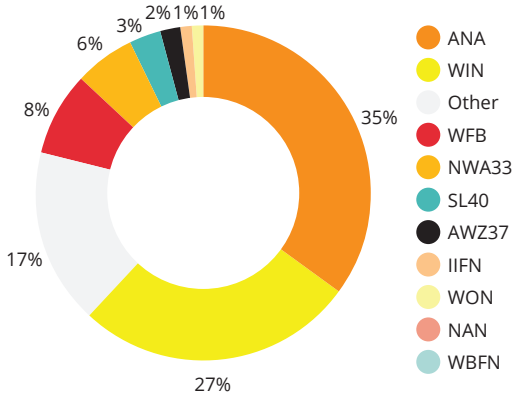


Hostel Utilization

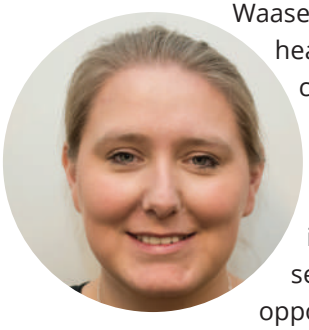
Hostel guests by community



Hostel bed nights by community



Healing Services



Waasegiizhig continues to deliver healing services that encompass ceremony and culture-based programming, as well as counselling and psychotherapy for all ages. These services include individual and group sessions, as well as learning opportunities that support emotional wellness.

Healing services are slowly growing to meet changing needs. Each interprofessional care team now includes a Social Worker or a Psychotherapist to support wholistic primary health-care for all WNHAC clients and to provide regular outreach to all communities served.

In response to a surge in need last summer, an evening walk-in clinic was added in partnership with Lake of the Woods District Hospital to ensure addictions and mental health care are easily accessible for Kenora's vulnerable population and to decrease wait times for clients needing rapid access to emotional wellness services. Healing services also supported primary care outreach services in the downtown core to facilitate access to all WNHAC services.

Waashkootsi Nanaandawe'iyewigamig added four new positions to focus on outreach and aftercare for clients attending the healing lodge program, and to increase community awareness of the services the lodge can offer to our clients. A non-medical withdrawal bed was added to the residential facility to support safe withdrawal for clients who need additional support before participating in the program.

During the year, additional resources were obtained to support programming focused on land-based healing. Unfortunately, the COVID-19 pandemic delayed implementation of this program. To date three new positions have been filled, the program framework has been established and most of the equipment and resources needed to implement activities are ready when recovery from the pandemic allows us to swing into action.

Melissa Calder
Program Manager – Healing Services

Clinical Services

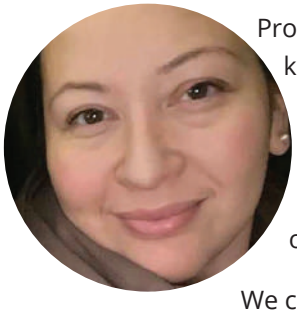
Clinical service providers do their best to provide regular clinics in each of our partner communities as well as consistent availability of services at our central service location in Kenora. A variety of outreach services to locations including the Morningstar Centre and the Fellowship Centre, combined with Tuesday evening walk-in clinics, improved access to primary health care for the vulnerable population.

Our ongoing involvement at the All Nations Health Partners table – and particularly the Primary Care Working Group – continues to foster collaborative relationships within the primary care community. This table has become an excellent forum where all primary care providers in our community can coordinate efforts and develop collaborative strategies to meet the identified needs of our shared clients and the larger populations we all serve.

COVID-19 had a profound impact on how clinical services were delivered. Putting the safety of both clients and providers first required providing the majority of services virtually for some time and significantly modifying our central service location to provide in-person care. As long as COVID continues to be a significant risk, we will be approaching the provision of services from the perspective of balancing health needs with safety considerations.

Connee Badiuk
Program Manager – Clinical Services

Program Services Summary



Program services promote health and wellness by empowering positive change through knowledge and wholistic activities that are community driven and based on community needs.

WNHAC remains grounded in tradition and guided by our vision of a healthier future for all. Programs and services are rooted in culture and spirituality and focus on supporting ourselves to be healthy by building on our strengths and resilience as a people.

We continue to make great strides in preventing illness by creating awareness to reduce risks and connect people to services needed to improve health outcomes.

Upstream approaches based on traditional wisdom and up-to-date information are reflected in the following themes and activities:

Healthy Eating/Active Living

- food is medicine
- traditional food guide
- emergency food supplies for clients
- grocery store tours
- community kitchens
- healthy nutrition
- yoga classes
- workout derbies
- walking groups
- fitness challenges

Diabetes Prevention

- diabetes awareness and risk reduction
- blood glucose screenings
- diabetic friendly community kitchens
- fall harvest activities
- health fairs
- food policy development

Smoking Prevention and Cessation

- smoking cessation workshops
- STOP (free nicotine replacement therapy and behavioral support)
- cultivation and use of traditional tobacco
- promoting traditional use of asemaa

Early Child Development (FASD Prevention/Support)

- traditional parenting
- FASD awareness information
- family planning support
- prenatal groups
- doula training
- Anishinaabe Perspectives
- traditional ways of life promotion (naming colors clans)

Sexual and Reproductive Health and Harm Reduction (HIV/AIDS Education/Support)

- HIV/AIDS 101
- healthy sexuality
- healthy relationships
- STI Prevention
- contraceptive use and distribution
- safe needle pick-up etc.

Children's Oral Health

- welcome to kindergarten/back to school events
- oral health workshops in daycare schools and parent groups
- prenatal groups
- social media campaigns
- capacity building for parents and community workers

Primary Prevention

- First Aid/CPR certification
- hand washing and infection control
- self-care
- heart health
- sleep hygiene
- intergenerational trauma
- social determinants of health
- summer safety
- stress management

Traditional and Cultural Activities

- sharing circles
- ceremonies and rites of passage
- traditional crafts and games
- dancing
- sponsored princess/brave pageant
- traditional medicine clinics
- counselling
- consultation
- sewing
- beading
- Anishinaabemowin language activities
- pow wow fitness
- traditional teachings
- medicine picking
- weekly sweat lodge ceremonies
- monthly full moon ceremonies
- quarterly traditional medicine clinics
- quarterly Elders gathering
- yuwipi and jiiskaan ceremonies
- healing and doctoring
- traditional parenting
- traditional midwifery

Zhaawanobinesiik Gibichii'igamig provides affordable accommodation and support to persons accessing outpatient services at Lake of the Woods District Hospital or family members of gravely ill inpatients.

Program services also supports navigation of the health system and advocacy for individuals with complex issues and multiple providers and agencies with two Health Coaches. This department also carries out special projects and networking initiatives such as ongoing midwifery development and coordinating the Our Health Counts and food sovereignty research projects.

Serena Joseph
Program Manager – Program Services

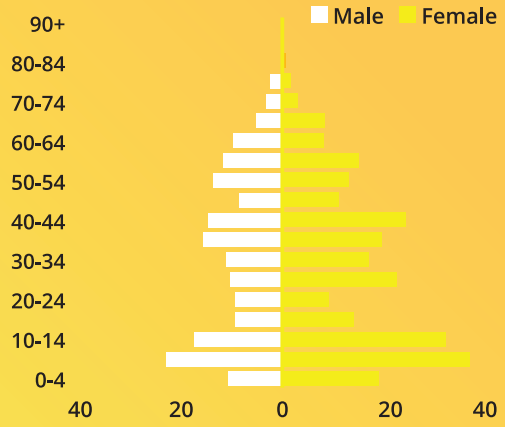
NUMBERS BY COMMUNITY

COMMUNITY PROFILES – Waabanong

Asubpeechoseewagong Netum Anishinabek (ANA)

- 422 active clients (44% of on-reserve population based on ISC data current to June 2020)
- 432 in-person encounters took place in community

This population pyramid shows the ages and genders of active clients. Average age is 25-29.



Top 5 health issues

Diabetes
Sexually transmitted infection
Abdominal pain
Hypertension
Ear infection

Top 5 emotional issues

Anxiety
Depression
Grief
PTSD
Alcohol addiction

Encounters by provider type

Nurse practitioner, physician	167
Diabetes clinician	86
Foot care nurse	70
Clinic nurse/care coordinator	5
Dental hygienist	83
Emotional wellness	20

Cancer screening rates[1]

Pap (cervical)	20%
FOBT (colorectal)	0%
Mammogram (breast)	13%

Health promotion and cultural activities

- 32 health promotion/cultural activities
- 413 participants

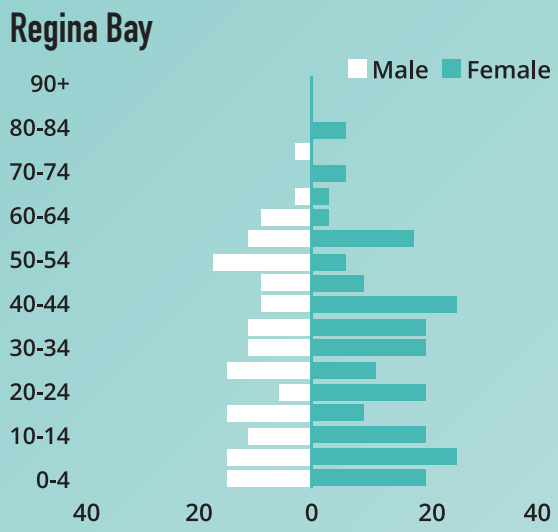
[1] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

COMMUNITY PROFILES – Zhaawanong

Animakee Wa Zhing – Regina Bay (AWZ37A)

- 187 active clients receive primary healthcare in Regina Bay (97% of combined on-reserve population based on ISC data current to June 30, 2020)
- 776 in-person encounters were charted at Regina Bay

These population pyramids show the ages and genders of the active client population. Average age in both communities is 25-29.



Top 5 health issues

Diabetes
Upper respiratory infection
Hypertension
Depression
Prenatal care

Cancer screening rates[1]

Pap (cervical)	30%
FOBT (colorectal)	31%
Mammogram (breast)	33%

Encounters by provider type

Nurse practitioner, physician	214
Diabetes clinician	43
Foot care nurse	53
Clinic nurse/care coordinator	25
Dental hygienist	34
CHN	94
HCC	282

Top 5 emotional wellness issues

Depression
Alcohol abuse
Anxiety
Stress
Grief

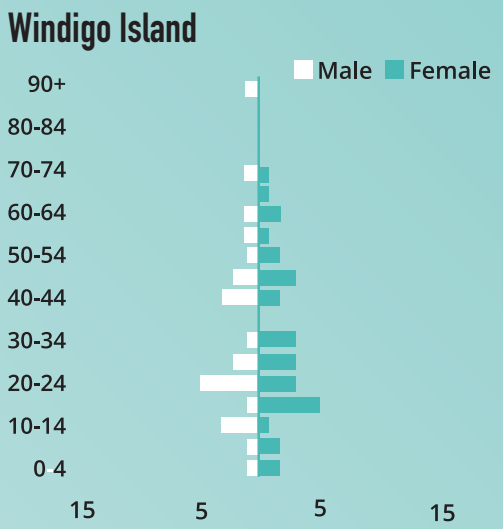
Health promotion activities

- 32 health promotion or cultural events or activities took place in Regina Bay, with a total of 310 participants
- a combined total of 27 clients were seen in **Regina Bay** and at **Windigo Island** by an ***Emotional Wellness Therapist or Emotional Wellness Worker***

Animakee Wa Zhing – Windigo Island (AWZ37B)

- 55 active clients receive primary healthcare in Windigo Island (97% of combined on-reserve population based on ISC data current to June 30, 2020)
- 148 in-person encounters charted at Windigo Island

These population pyramids show the ages and genders of the active client population. Average age in both communities is 25-29.



Top 5 health issues

Diabetes
Hypertension
Smoking Addiction
Dermatitis
Reflux disease

Cancer screening rates[1]

Pap (cervical)	25%
FOBT (colorectal)	100%
Mammogram (breast)	38%

Encounters by provider type

Nurse practitioner, physician	72
Diabetes clinician	14
Foot care nurse	28
Clinic nurse/care coordinator	0
Dental hygienist	3
CHN	26
HCC	17

Mental health services

- Seven health promotion events or activities took place at Windigo Island, with a total of 56 participants

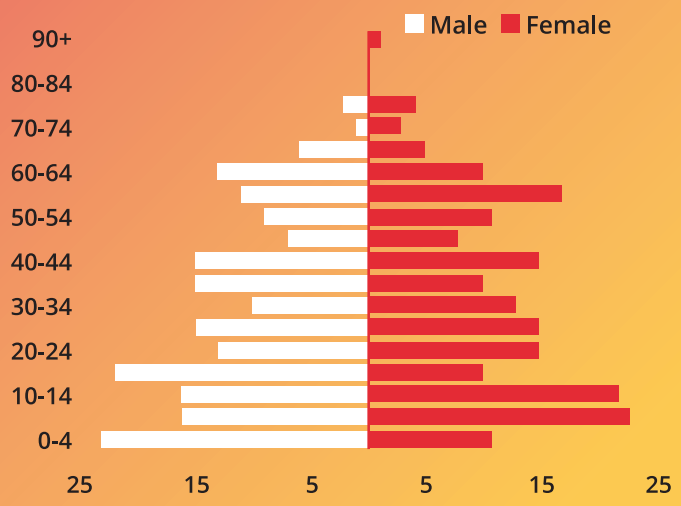
[1] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

COMMUNITY PROFILES – Ningaabii'anong

Iskatewizaagegan #39 Independent First Nation (IIFN)

- 387 active clients (118% of on-reserve population based on ISC data current to June 30, 2020)
- 1,277 in-person encounters charted

This population pyramid shows the ages and genders of active clients. Average age is 25-29.



Top 5 health issues

Diabetes
Hypertension
Smoking addiction
Well-child care
Prenatal care

Top 5 emotional issues

Depression
Anxiety
Depression related to injury
Sadness
Irritability

Encounters by provider type

Nurse practitioner, physician	272
Diabetes clinician	121
Foot care nurse	82
Clinic nurse/care coordinator	124
Dental hygienist	81
CHN	286
HCC	228
Emotional wellness	81

Cancer screening rates[1]

Pap (cervical)	18%
FOBT (colorectal)	21%
Mammogram (breast)	24%

Health promotion and cultural activities

- 54 health promotion/cultural activities took place in IIFN, with a total of 741 participants

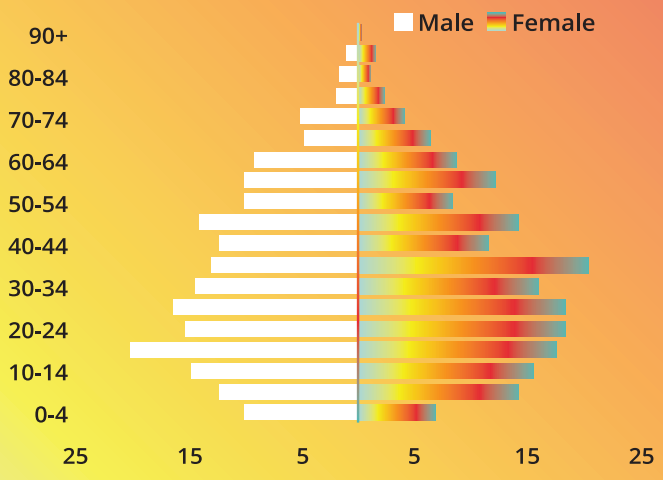
[1] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

COMMUNITY PROFILES – Urban

City of Kenora

- 2,344 active clients (76% of Indigenous population based on 2016 Census Canada data) receive primary healthcare at the WNHAC central service location
- 8,535 in-person encounters were charted at this location

This population pyramid shows the ages and genders of active clients. Average age is 30-34.



Top 5 health issues

Diabetes
Hypertension
Anxiety
Depression
Reflux disease

Top 5 emotional issues

Anxiety
Depression
Stress
Grief
Relationship issues

Encounters by provider type

Nurse practitioner, physician	4,169
Diabetes clinician	636
Foot care nurse	570
Clinic nurse/care coordinator	2,508
Dental hygienist	14
CHN	16
HCN	78
Emotional wellness	474

Cancer screening rates[1]

Pap (cervical)	24%
FOBT (colorectal)	23%
Mammogram (breast)	16%

Health promotion and cultural activities

- 169 health promotion/cultural events or activities took place in Kenora, with a total of 2,330 participants

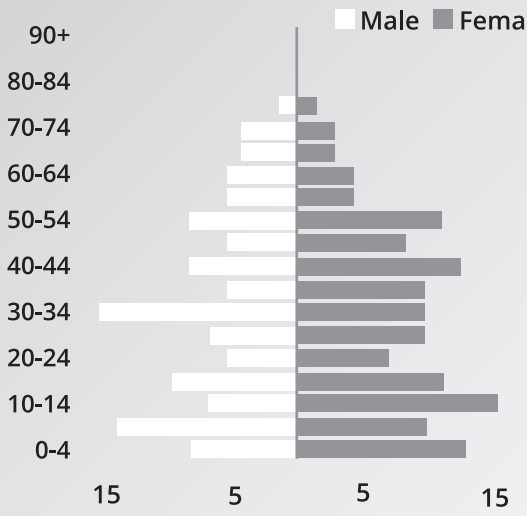
[1] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

COMMUNITY PROFILES – Giiwedinong

Niisaachewan Anishinaabe Nation (NAN)

- 178 active clients (107% of on-reserve population based on ISC data current to June 2020)
- 478 in-person encounters were charted in community

This population pyramid shows the ages and genders of the active client population. Average age is 25-29



Top 5 health issues

Diabetes
Hypertension
Upper respiratory infection
Rheumatoid arthritis
Depression

Top 5 emotional issues

Depression
Grief
Stress
Alcohol addiction
Anxiety

Encounters by provider type

Nurse practitioner, physician	299
Diabetes clinician	52
Foot care nurse	67
Clinic nurse/care coordinator	44
Dental hygienist	5

Cancer screening rates[1]

Pap (cervical)	34%
FOBT (colorectal)	20%
Mammogram (breast)	22%

Health promotion/cultural activities

- 12 health promotion/cultural events or activities took place in Niisaachewan, with a total of 124 participants

[1] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

COMMUNITY PROFILES – Zhaawanong

Naotkamegwanning First Nation (NFN)

- 514 active clients (68% of on-reserve population based on current ISC data)
- 1,057 in-person encounters were charted in community

This population pyramid shows the ages and genders of the active client population. Average age is 20-24.

Top 5 health issues

Diabetes
Hypertension
Upper respiratory infection
Asthma
Smoking addiction

Top 5 emotional issues

Depression
Anxiety
Stress
Grief
Alcohol use

Encounters by provider type

Nurse practitioner, physician	586
Diabetes clinician	93
Foot care nurse	94
Clinic nurse/care coordinator	58
Dental hygienist	121
Emotional wellness	100

Cancer screening rates[1]

Pap (cervical)	41%
FOBT (colorectal)	36%
Mammogram (breast)	49%

Health promotion/cultural activities

- 49 health promotion events or activities took place in the community, with a total of 781 participants

[1] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

COMMUNITY PROFILES – Zhaawanong

Northwest Angle 33 – Dog Paw Lake (NWA33A)

- 178 active clients receive primary healthcare in Dog Paw Lake (102% of the total combined on-reserve population based on current ISC data)
- 525 in-person encounters were charted at Dog Paw Lake

These population pyramids show the ages and genders of the active client population. Average age is 25-29 at Dog Paw Lake.

Dog Paw Lake (33A)

Top 5 health issues

Diabetes
Pediculosis
Cellulitis
Upper respiratory infection
Scabies

Top 5 emotional issues

Depression
Anxiety
Relationship issues
Grief
Family issues

Encounters by provider type

Nurse practitioner, physician	92
Diabetes clinician	20
Foot care nurse	22
Clinic nurse/care coordinator	5
Dental hygienist	14
CHN	74
HCC	289
Emotional wellness	8

Cancer screening rates[1]

Pap (cervical)	18%
FOBT (colorectal)	12%
Mammogram (breast)	18%

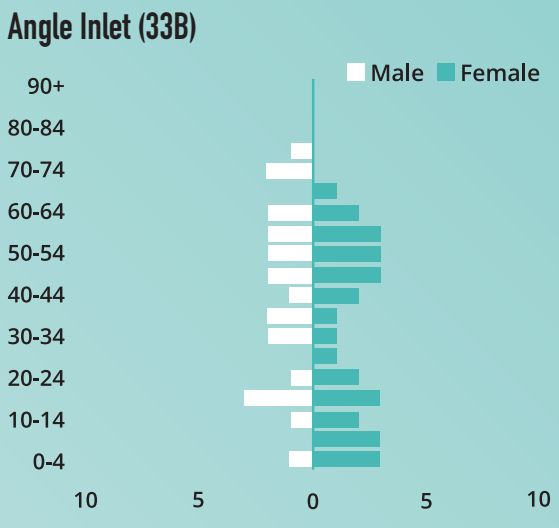
Health promotion activities

- 17 health promotion events or activities took place in **Dog Paw Lake**, with a total of 89 participants

Northwest Angle 33 – Angle Inlet (NWA33B)

- 52 active clients receive primary healthcare at Angle Inlet (102% of the total combined on-reserve population based on current ISC data)
- 95 in-person encounters were charted at Angle Inlet

These population pyramids show the ages and genders of the active client population. Average age is 30-34 at Angle Inlet.



Top 5 health issues

Diabetes
Rheumatoid arthritis
Smoking Addiction
Infected wound
Heart failure

Top 5 emotional issues

Depression
Anxiety
Relationship issues
Grief
Family issues

Encounters by provider type

Nurse practitioner, physician	21
Diabetes clinician	15
Foot care nurse	8
Clinic nurse/care coordinator	9
Dental hygienist	5
CHN	17
HCC	16
Emotional wellness	4

Cancer screening rates[1]

Pap (cervical)	21%
FOBT (colorectal)	14%
Mammogram (breast)	21%

Health promotion activities

- Six health promotion events or activities took place in **Angle Inlet**, with a total of 27 participants

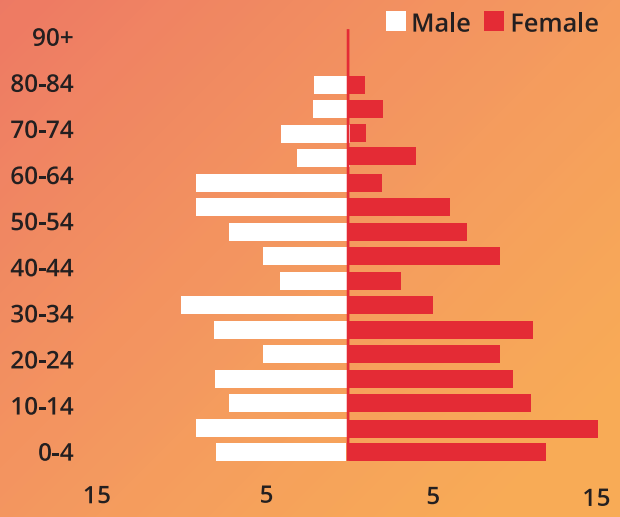
[1] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

COMMUNITY PROFILES – Ningaabii'anong

Shoal Lake #40 (SL40)

- 218 active clients (75% of on-reserve population based on current ISC data) received primary healthcare in Shoal Lake 40
- 477 in-person encounters were charted in community

This population pyramid shows the ages and genders of the active client population. Average age is 25-29.



Top 5 health issues

Diabetes
Hypertension
Prenatal care
Smoking addiction
Anemia

Top 5 emotional issues[1]

Depression

Encounters by provider type

Nurse practitioner, physician	194
Diabetes clinician	35
Foot care nurse	22
Clinic nurse/care coordinator	55
Dental hygienist	40
CHN	123
Emotional wellness	3

Cancer screening rates[2]

Pap (cervical)	25%
FOBT (colorectal)	11%
Mammogram (breast)	25%

Health promotion activities

- 23 health promotion events or activities took place in SL40, with a total of 203 participants

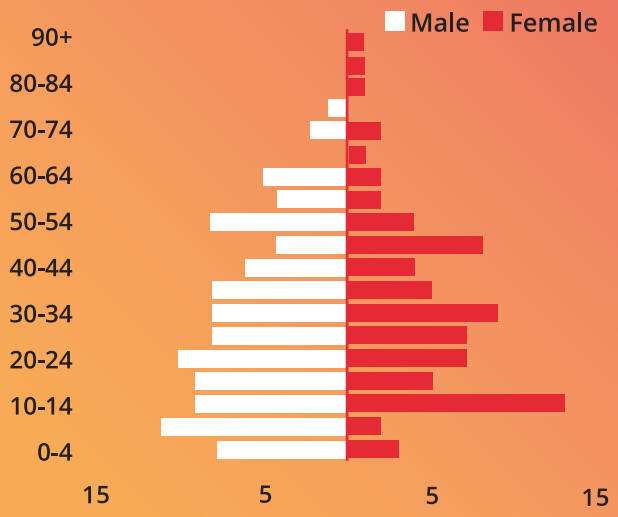
[1] Additional data not available

[2] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

Washagamis Bay First Nation (WBFN)

- 177 active clients (121% of on-reserve population based on current ISC data) receive primary healthcare in Washagamis Bay
- 269 in-person encounters were charted in community

This population pyramid shows the ages and genders of the active client population. Average age is 25-29.



Top 5 health issues

Depression
Diabetes
Anxiety
Hypertension
Excema

Top 5 emotional issues

Anxiety
Case management
General assessment
Schizophrenia
Hypertension

Encounters by provider type

Nurse practitioner, physician	110
Diabetes clinician	19
Foot care nurse	14
Clinic nurse/care coordinator	6
Dental hygienist	29
CHN	74
Emotional wellness	11

Cancer screening rates[1]

Pap (cervical)	22%
FOBT (colorectal)	16%
Mammogram (breast)	22%

Health promotion/cultural activities

- 67 health promotion/cultural events or activities took place in Washagamis Bay, with a total of 760 participants

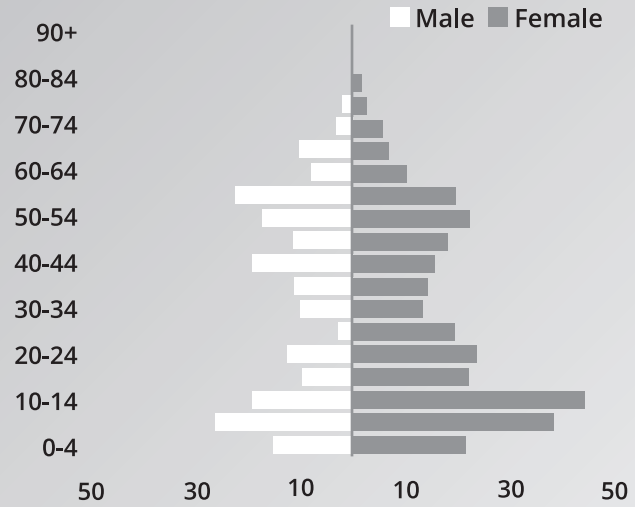
[1] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

COMMUNITY PROFILES – Giiwedinong

Wabaseemoong Independent Nations (WIN)

- 498 active clients (51% of on-reserve population based on current ISC data) receive primary healthcare in Wabaseemoong
- 499 in-person encounters were charted in community

This population pyramid shows the ages and genders of the active client population. Average age is 25-29.



Top 5 health issues

Diabetes
Hypertension
Urinary infection
Prostate cancer
Birth control (female)

Top 5 emotional issues

Stress
Anxiety
Grief
Weight problem
Depression

Encounters by provider type

Nurse practitioner, physician	119
Diabetes clinician	79
Foot care nurse	79
Clinic nurse/care coordinator	54
Dental hygienist	120
Emotional wellness	46

Cancer screening rates[1]

Pap (cervical)	9%
FOBT (colorectal)	10%
Mammogram (breast)	9%

Health promotion/cultural activities

- 46 health promotion/cultural events or activities took place in Wabaseemoong, with a total of 836 participants

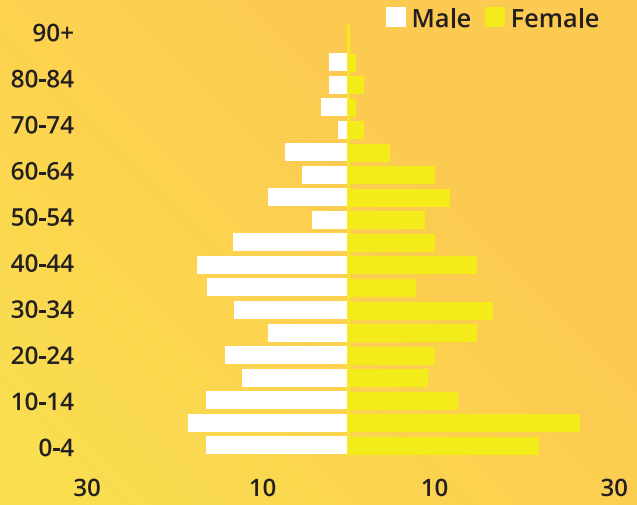
[1] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

COMMUNITY PROFILES – Waabanong

Wauzhushk Onigum

- 367 active clients (96% of on-reserve population based on current ISC data) received primary healthcare in Wauzhushk Onigum
- 519 in-person encounters were charted in community

This population pyramid shows the ages and genders of the active client population. Average age is 25-29.



Top 5 health issues[1]

Diabetes
Hypertension
Asthma
Bronchitis
Cellulitis

Cancer screening rates[2]

Pap (cervical)	21%
FOBT (colorectal)	4%
Mammogram (breast)	21%

Encounters by provider type

Nurse practitioner, physician	305
Diabetes clinician	58
Foot care nurse	53
Clinic nurse/care coordinator	10
Dental hygienist	87
Emotional wellness	3

Health promotion activities

- 32 health promotion events or activities took place in Wauzhushk Onigum, with a total of 1,159 participants

[1] Data not available for Top 5 emotional issues

[2] Based on persons meeting MOHLTC-defined eligibility criteria (age/gender): Pap – women 21-69, every 3 years; FOBT – men & women 50-74, every 2 years; Mammogram – women 50-74, every 2 years (NOTE: criteria flexible for individuals deemed 'high risk')

NEW SATELLITE OPERATION IN DRYDEN

Dryden area Métis and First Nations people were initially involved when work to develop WNHAC began in the mid-1990s. When the final submission went in, however, only Wesawkwete – Zone 1 remained as an active partner.

As a result, WNHAC was designed as a hub and spoke structure based in Kenora with outreach to surrounding communities. The Dryden spoke was a challenge to serve in this manner, and over time the lack of Indigenous-governed primary health care in the Dryden area became a concern. When the Ontario First Nations Health Action Plan (OFNHAP) expansion opportunity arose, WNHAC was approached by both Paawidigong First Nations Forum (PFNF) and Dryden Native Friendship Centre (DNFC) to support a partnership that would bring equitable access to Indigenous-governed primary health care to the Dryden area.

A satellite operation staffed by a Nurse Practitioner (LeeAnn Lindquist), Clinic Nurse/Care Coordinator (Kimberly Bunting), Cultural Coordinator (Roy Napish) and reception/support staff (Angel Orobko) has now been established in the Dryden Native Friendship Centre building with a separate side entrance. This small team works in collaboration with DNFC and PFNF programs as well as community-based health staff to provide comprehensive primary health care at the Dryden site and in the surrounding communities of Eagle Lake, Wabigoon and Wabauskang.

OWNER BILL OF RIGHTS

You are a WNHAC owner if you are an Indigenous – First Nation, Inuit or Metis – person living in the Kenora or Dryden area.

As an owner, you can expect
- respectful treatment and culturally appropriate services that meet your health needs
- answers to all your questions about your health situation and the services we are providing
- to be involved in all decisions affecting your health and your care
- to feel comfortable and safe in our facilities and with our providers.

Please let us know if your expectations are not being met. We prefer to deal with issues informally and directly – people with concerns are invited to raise them directly to the employee with whom they have been dealing.

If that does not resolve the concern, it can be brought to the appropriate Team Coordinator or Program Manager as soon as possible (preferably – but not necessarily – in writing). They will work with everyone involved to achieve resolution, which will also include steps to prevent such issues in the future.

As an owner, you also have responsibilities. If you can't make it to an appointment, please contact the office to reschedule. This will allow another person to access the service. And if your expectations aren't being met, please let us know so we can address the problem.

The Executive Director is informed about all complaints and will become involved in the resolution process if necessary or appropriate.

Should complaints not be satisfactorily resolved at the operational level, they may be appealed to the Board of Directors by either party within 30 days.

WIIKOZOMAATAANIG ABINOOJIIYAG GA-OSHKAATIZIWAD

OUR PRIVACY COMMITMENT

As a health service provider, we take your privacy seriously. We are committed to safeguarding the privacy and confidentiality of any personal information we collect.

1. We only collect information we need for specific purposes that relate directly to your health care. Only those employees who need specific information about you will have access to that information.

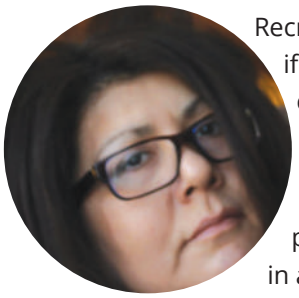
2. We have established policies and practices that further ensure the security of client information, and that it is kept private and confidential.

3. Any personal information provided to WNHAC or any information we receive from our health care partners can only be collected, used, or disclosed in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and/or the Personal Health Information Protection Act (PHIPA).

Questions about our privacy policies and practices may be directed to the Clinical Services Manager (also our Privacy Officer), to the Healing Services Manager (the Deputy Privacy Officer), or to the Executive Director.

HUMAN RESOURCES UPDATE

In the past three years, the size of the Waasegiizhig staff has increased by 58%.



Recruiting and retaining healthcare professionals is a challenge across Northwestern Ontario, if not the whole province. Waasegiizhig looks for people who not only have the necessary credentials, but also the personal attributes and commitment to be an effective part of our unique model of care.

All of our staff strive for continuous learning. New employee orientation and ongoing professional development strengthen our efforts to provide quality care for all of our clients in a responsive, respectful and culturally grounded way.

Our approach helps us attract and retain exceptional people, many of whom are from our own communities. We encourage community members to pursue health careers by supporting health and career fairs in local schools and communities and working with post-secondary programs to provide student placement opportunities. We also sponsor an annual bursary for local high school graduates pursuing post-secondary education in a health-related field.

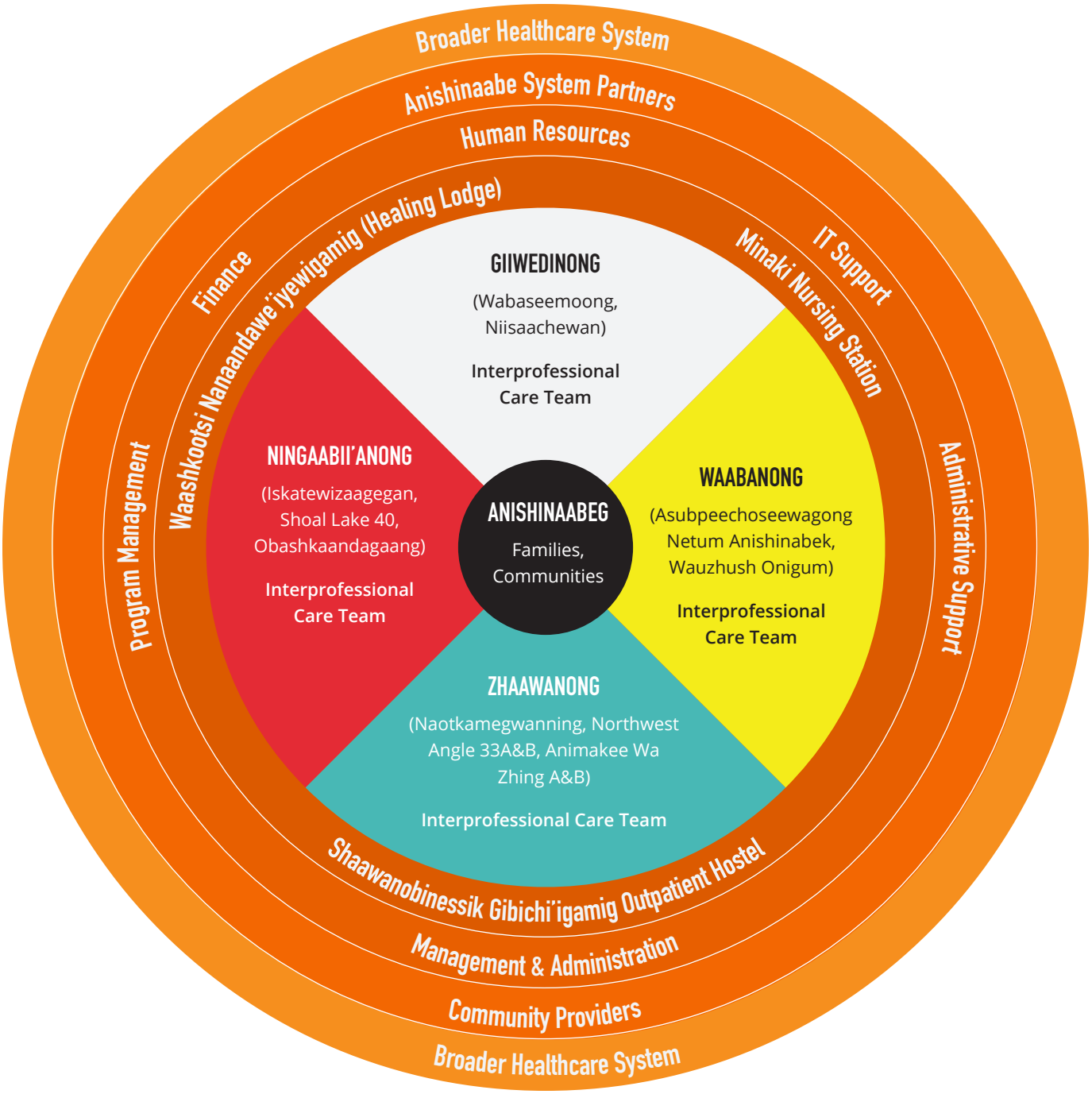
I am always encouraged by the enthusiasm of the people we interview to join our staff. Waasegiizhig belongs to all of us – so I would ask everyone to share the announcements for hiring opportunities that are updated on our website every month.

Baamaapii gagiginoshiwan

Mary McDonald
Human Resources Manager

OPERATIONAL STRUCTURE

Indigenous, community-led, comrehensive, primary health care



2019/20 FINANCE REPORT

This statement provides a snapshot of WNHAC's fiscal health. Over the past two years, our budgets have increased significantly to support increased capacity in our interprofessional care teams and in our healing lodge program. These funds have been invested in increased community-based services and cultural programming.

Recent strategic investments have included additional vehicles to support travel to communities and a substantial IT upgrade. Data security and system reliability are essential to safe care for clients and protection of client information and privacy since electronic health records have been in use since 2003. A new electronic record system was implemented in August 2019.

I am reasonably confident that funding levels are secure and that services will remain consistent as we continue to evolve as a leader within the regional healthcare system.

Paul Derouard, CMA
Finance Manager

FINANCIAL STATEMENTS

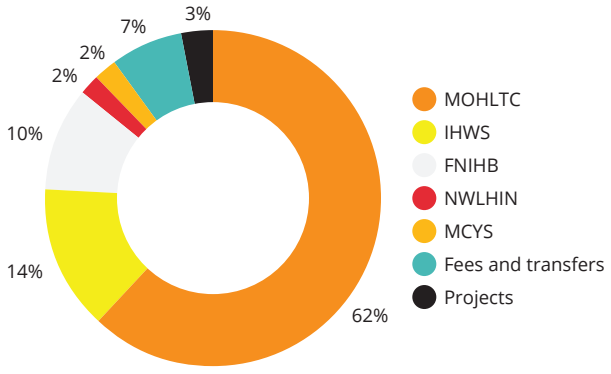
Balance sheet

Assets	2019/20	2018/19
Cash	$ 1,292,325	$ 1,324,272
Accounts receivable	$ 624,370	$ 580,104
Portfolio investments	$ 1,527,150	$ 1,500,000
Prepaid expenses	$ 13,068	$ 50,562
	$ 3,456,913	**$ 3,454,938**
Capital assets	$ 1,308,922	$ 1,196,525
	$ 4,765,835	**$ 4,651,463**
Liabilities		
Accounts payable/accruals	$ 748,569	$ 834,336
Deferred revenue	$ 972,650	$ 922,177
Recoverable surpluses	$ 977,490	$ 912,067
	$ 2,698,709	**$ 2,668,580**
Deferred capital contributions	$ 204,193	$ 216,137
Deferred capital contributions (restricted)	$ 779,524	$ 682,761
	$ 3,682,426	**$ 3,567,478**
Net Assets		
Invested in Capital Assets	$ 325,204	$ 297,627
Unrestricted	$ 758,205	$ 786,358
	$ 1,083,409	$ 1,083,985
	$ 4,765,835	**$ 4,651,463**

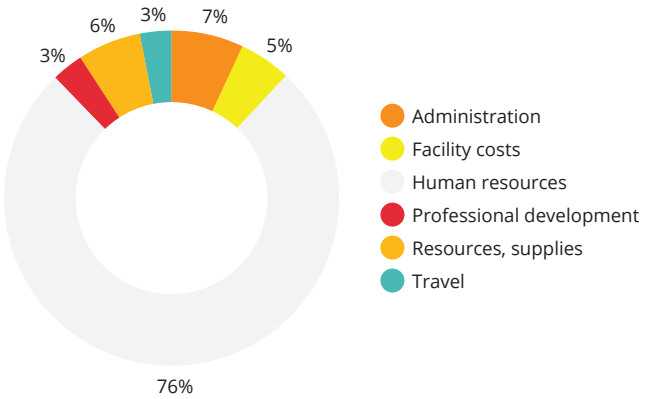
Statement of operations

Revenue	Budget	Actual	Prior Year
Ministry of Health & Long-Term Care	$ 6,616,240	$ 6,837,822	$ 5,895,480
Indigenous Healing & Wellness Strategy	$ 1,530,216	$ 1,530,216	$ 1,391,623
First Nations & Inuit Health Branch	$ 801,060	$ 1,134,590	$ 837,394
Administration fees	$ 400,000	$ 409,296	$ 583,740
Facility allocations	$ 250,000	$ 253,255	$ 292,407
Our Health Counts	$ 216,005	$ 216,005	$ 259,643
Local Health Integration Network	$ 203,850	$ 211,373	$ 389,241
Ministry of Children & Youth Services	$ 165,000	$ 165,000	$ 165,000
Other	$ 55,181	$ 198,161	$ 233,922
All Nations Health Partners	$ -	$ 117,500	$ 122,500
Vehicle leases	$ 80,000	$ 104,958	$ 95,037
Hostel per diem	$ 57,198	$ 57,198	$ 61,052
Northwestern Health Unit	$ 35,025	$ 35,025	$ 75,000
Restricted revenue deferred from prior year	$ -	$ 682,760	$ 580,382
Restricted revenue to subsequent year	$ -	$ (779,524)	$ (682,760)
Amortization of deferred contributions	$ 11,172	$ 11,944	$ 12,137
Revenue deferred from prior year	$ -	$ 922,177	$ 982,889
Revenue deferred to subsequent year	$ -	$ (972,650)	$ (922,177)
Surplus repayable	$ -	$ (65,423)	$ (574,990)
	$ 10,420,947	**$** 11,069,683	**$** 9,797,520

Revenue by source



Expenses by cost category



Expenses	Budget	Actual	Prior Year
Administration	$ 398,311	$ 414,300	$ 561,627
Advertising	$ 7,750	$ 30,050	$ 9,063
Amortization	$ 41,172	$ 33,688	$ 28,211
Bad Debts	$ -	$ 9,650	$ 40,420
Bank charges, interest	$ 6,000	$ 5,375	$ 4,583
Clinic service resources	$ 52,500	$ 126,553	$ 27,878
Community support	$ 3,500	$ 15,211	$ 29,949
Contracted services	$ 1,050,188	$ 1,381,724	$ 955,364
Health promotion resources	$ 17,500	$ 42,616	$ 12,368
Insurance	$ 15,650	$ 24,708	$ 14,349
Meetings	$ 40,000	$ 45,232	$ 27,525
Office equipment leases	$ 15,000	$ 29,422	$ 30,109
Office rent	$ 130,700	$ 139,732	$ 297,956
Office supplies	$ 100,000	$ 131,846	$ 65,043
Overhead costs	$ 260,701	$ 309,079	$ 209,854
Professional development	$ 272,176	$ 278,864	$ 285,050
Professional fees	$ 100,000	$ 78,977	$ 125,380
Program supplies	$ 456,558	$ 471,230	$ 638,985
Repairs & maintenance	$ 43,314	$ 66,811	$ 97,387
Salaries & benefits	$ 6,923,764	$ 6,946,705	$ 5,599,594
Telephone & communications	$ 100,000	$ 105,683	$ 66,746
Training & education	$ 22,215	$ 22,214	$ 26,125
Travel	$ 234,795	$ 212,933	$ 261,491
Utilities	$ 27,153	$ 35,162	$ 37,153
Vehicle costs	$ 100,000	$ 112,474	$ 124,702
	$ 10,418,947	**$ 11,070,239**	**$ 9,576,912**
Surplus (deficit)	$ 2,000	$ (556)	$ 220,608

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