2021/22 ANNUAL REPORT

TABLE OF CONTENTS

EXECUTIVE DIRECTOR MESSAGE

Annual reports are an opportunity to look back and reflect on where we've been, and to look ahead to where we want to be. This one is bittersweet, since it is my final opportunity to reflect and to say 'baamaapii' to all the amazing people who have been such a significant part of my journey for almost twenty-five years.

Relationships have been the constant throughout. The most important one of all has been with Waasegiizhig, the healer whose ongoing work is now WNHAC's mission to fulfill. Many of the people whose support and guidance were foundational to WNHAC's existence have gone on now, and I am grateful we were able to acknowledge and honor them during our twentieth anniversary celebrations. A new generation is moving into those leadership roles now, and I am excited to see what they will achieve over the next twenty-five years.

I learned so much about so many things during my years with this organization – for which I am profoundly grateful. There were hard lessons as well as gentle teachings, but they have all made me a better person and I look forward to bringing those learnings with me in this next phase of living. Some of the hardest times led to the most valuable results: the H1N1 pandemic helped us understand how to be prepared for any number of adverse events and highlighted some issues around how to do that collectively. Then COVID-19 came along, and we saw what is possible when absolutely required, what can happen when we think outside the box to generate ideas and solutions that previously seemed impossible.

Throughout everything, relationship has been key. When I look back – from my earliest days working with community in Winnipeg, to being a founding member of the All Nations Health Partners here in Kenora – relationship focused on common issues and interests has been the most important factor in the success (or failure) of any initiative. Mutual support based on open and honest communication makes anything possible. Conversely, cutting corners in the desire to get a thing done risks jeopardizing the whole goal – no matter how important that goal may be. It's a delicate balance that requires continual nurturing, but in the end is as important as the work it supports.

The importance of making time to reflect and evaluate is another more recent learning. As I observed in last year's annual report, COVID-19 has been a game changer. While provoking fears and anxieties that have not brought out the best in everyone, it also challenged our creativity and resilience like never before. As we now move into the 'post-COVID-19 era', it will be important to reflect on what kind of 'normal' we want going forward.

For me that involves maintaining connections – with people, places, and life – and paying attention to my own health. I am exploring other aspects of my creativity – attending medicine camp, sewing, playing with glass, and writing things other than proposals and reports. Hindsight being 20/20, I am still participating in a few projects that are opportunities to complete 'unfinished business'.

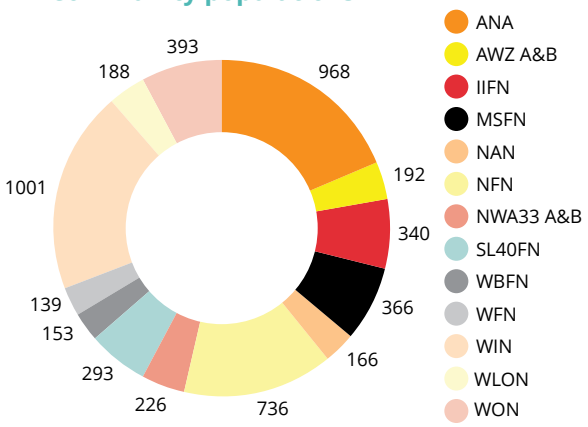
My official retirement coincided with yet another COVID-19 outbreak, so I didn't have an official opportunity to say miigwech and baamaapii to everyone I have worked with. I have been humbled and proud to be just one small part of the amazing team that is Waasegiizhig Nanaandawe'iyewigamig, and part of building a health care system that serves the needs of all Indigenous people who live in our area. Miigwech to everyone who has been or is now part of that journey!!! And nothing but the very best to all those who continue to move that vision forward.

Anita Cameron
Executive Director

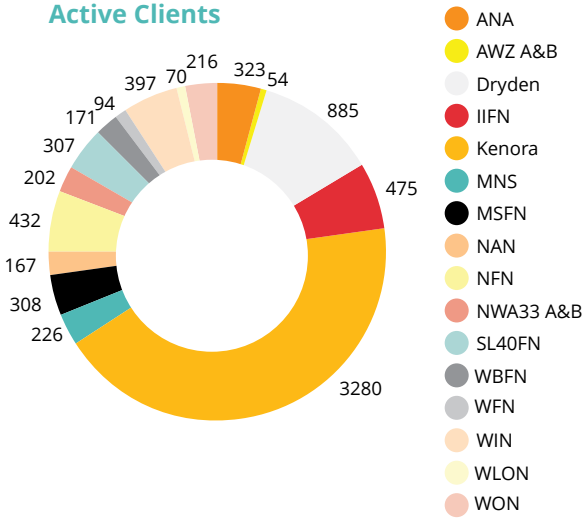
PROGRAMS & SERVICES

AT A GLANCE – OVERVIEW

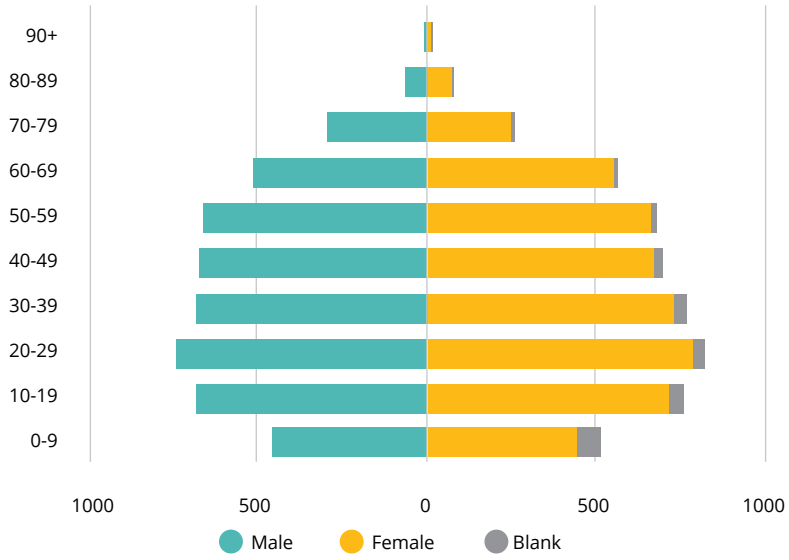
Community populations



Active Clients



Active Client Profile



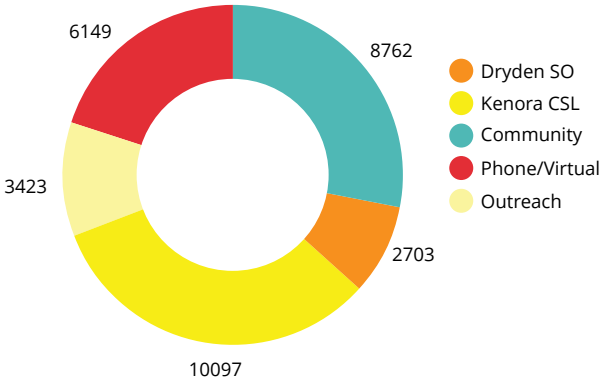
Active Clients:	
2021/22 Clients:	7807
2021/22 Encounters:	34672
Average Encounters:	4.44

Total Provider Visits	
Community Clinics	3793
Central Service Location (CSL)	2072
Virtual Clinics	504
Dryden Satellite Clinic	382
Mobile Testing	15

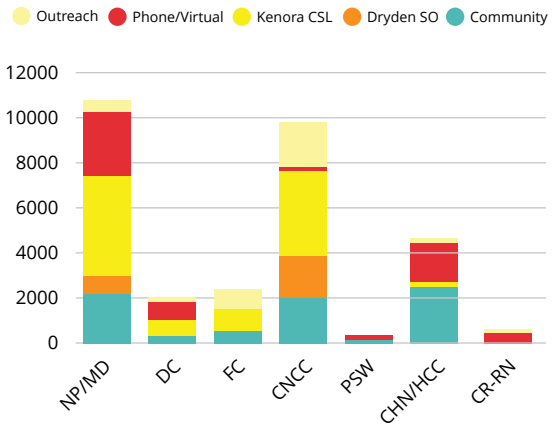
CLINICAL SERVICES

Legend: Community Encounter CSL Encounter In-person at another community Phone Outreach

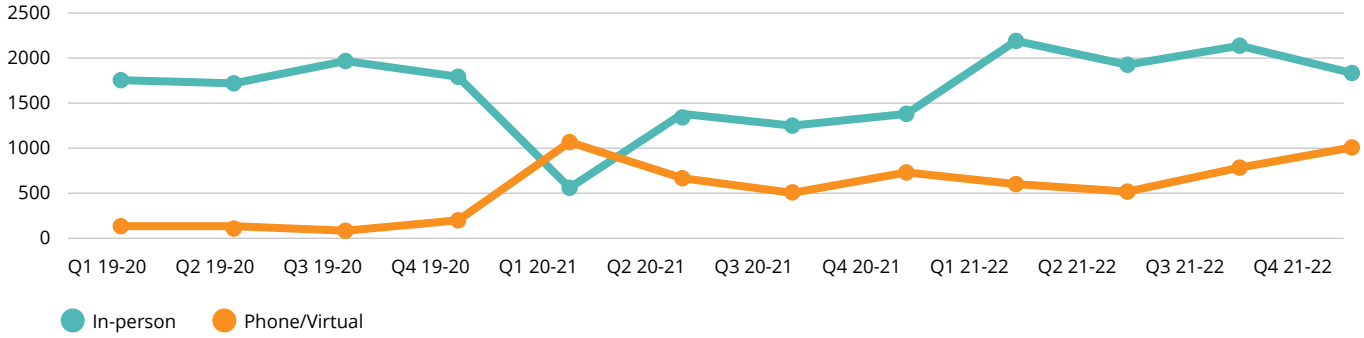
Clinical Encounters



Clinical Encounters



MD/NP Encounters in last 3 years

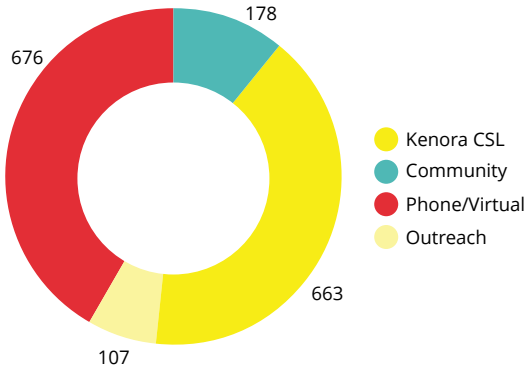


Top 10 Health issues	
Diabetes Mellitus Type 2	Confirmed Case COVID-19
Visit for Preventive Immunizations / Medications	Fear / Concern about COVID-19
Hypertension	GERD
Anxiety	Anemia
Depression	Hypothyroidism

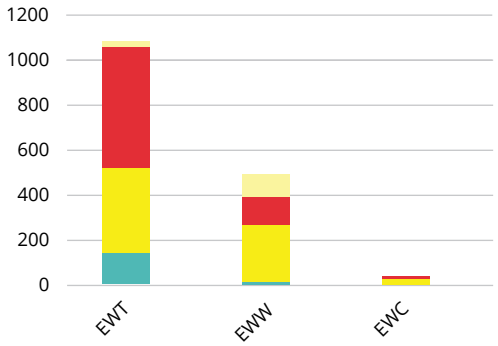
HEALING SERVICES

Legend: Community Encounter CSL Encounter In-person at another community Phone

Encounters by Location



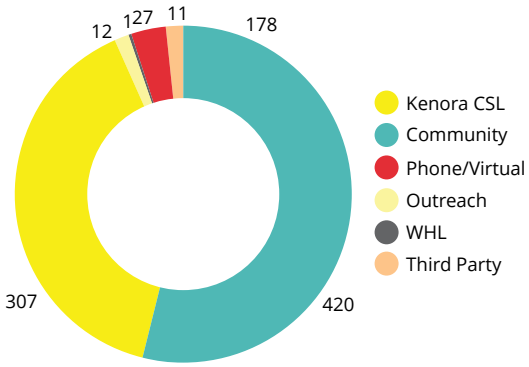
Encounters by Provider



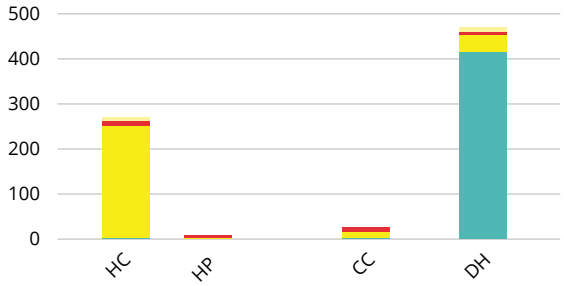
Top 10 Emotional issues	
Anxiety	Family Stress
Depression	PTSD
Feeling Overwhelmed	Feeling Anxious
Feeling Stressed Out	Relationship Problem
Grief Reaction	Multiple Substance Addiction

HEALTH PROMOTION SERVICES

Encounters by Location



Encounters by Provider

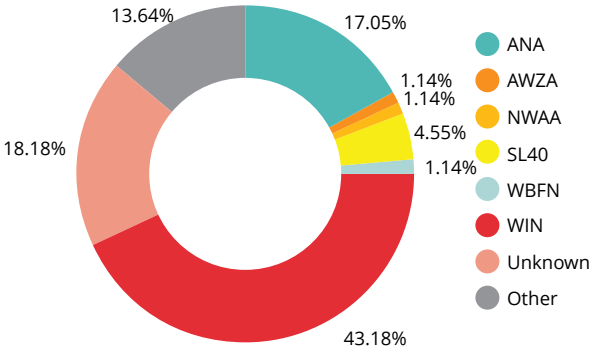


Health Promotion & Cultural Activities
Total In Person Activities (Group Programs):
282 activities, 5022 participants
Total Virtual:
66 activities, 959 participants
Top 5 activities - Health Promotion
Vaccine Clinics
HEAL
FASD/Child Nutrition
SFO
Oral Health

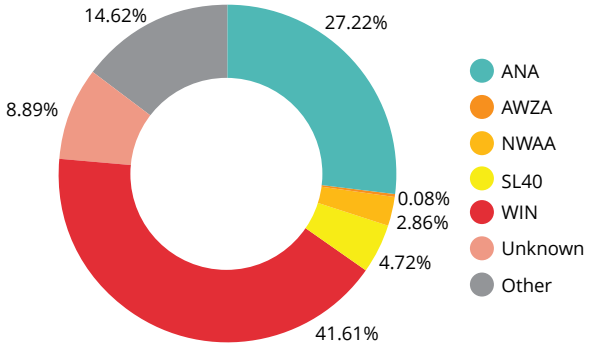
Location held:	
Communities	189
Kenora	93
Top 5 activities - Cultural	
Cultural Teaching	
Traditional Healing Clinic	
Sweatlodge	
Ceremonies	
Traditional Knowledge Keeper Online Series	

Shaawanobinesiik Gibichii'igamig (Hostel)

Clients by community

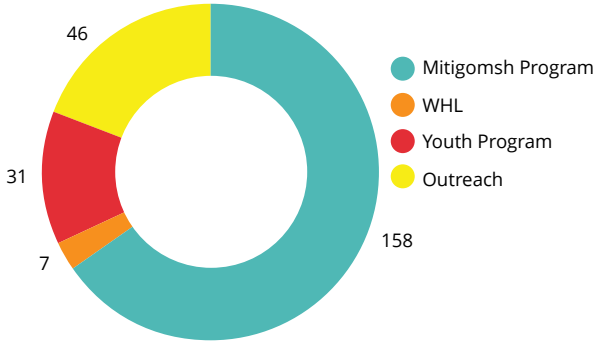


Hostel bed nights by community

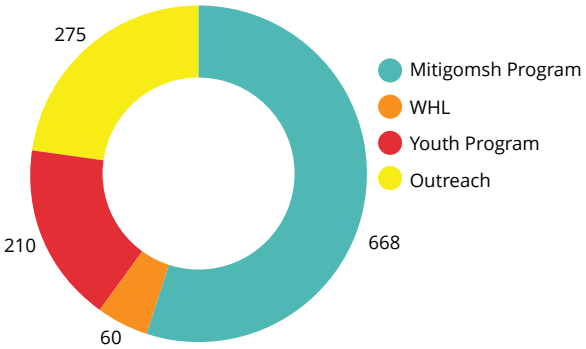


Waashkootsi Nanaandawe'iyewigamig (Healing Lodge)

Group session events

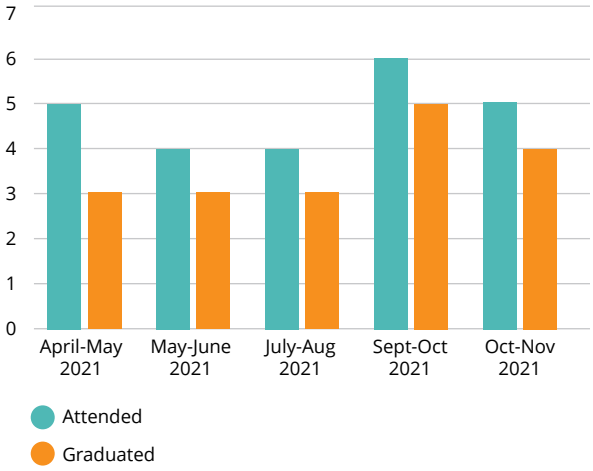


Group session participants

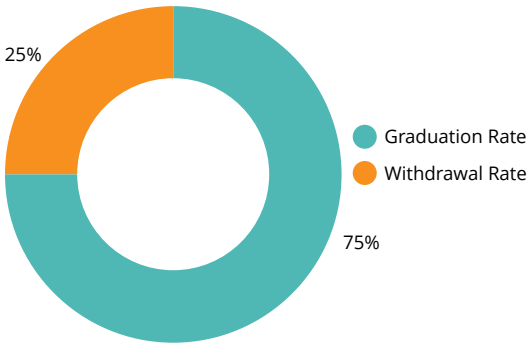


Mitogomish Program

Encounters by Provider



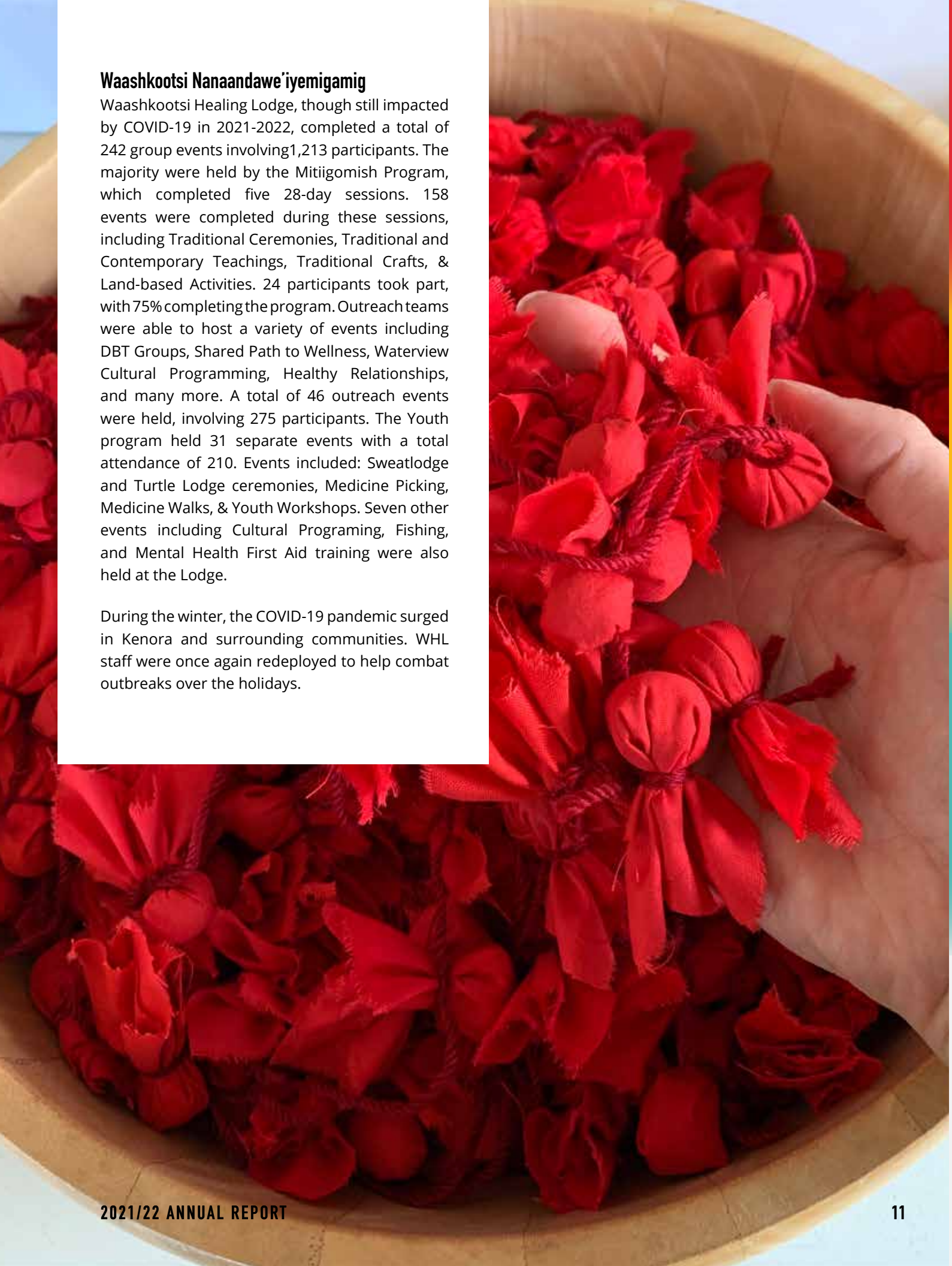
Program Completion Rates



Waashkootsi Nanaandawe'iyemigamig

Waashkootsi Healing Lodge, though still impacted by COVID-19 in 2021-2022, completed a total of 242 group events involving1,213 participants. The majority were held by the Mitiigomish Program, which completed five 28-day sessions. 158 events were completed during these sessions, including Traditional Ceremonies, Traditional and Contemporary Teachings, Traditional Crafts, & Land-based Activities. 24 participants took part, with 75% completing the program. Outreach teams were able to host a variety of events including DBT Groups, Shared Path to Wellness, Waterview Cultural Programming, Healthy Relationships, and many more. A total of 46 outreach events were held, involving 275 participants. The Youth program held 31 separate events with a total attendance of 210. Events included: Sweatlodge and Turtle Lodge ceremonies, Medicine Picking, Medicine Walks, & Youth Workshops. Seven other events including Cultural Programing, Fishing, and Mental Health First Aid training were also held at the Lodge.

During the winter, the COVID-19 pandemic surged in Kenora and surrounding communities. WHL staff were once again redeployed to help combat outbreaks over the holidays.



COVID RESPONSE

The toll COVID took on health human resources needs to be acknowledged. Through the disruptions to families with school closures, personal and family illness, and exhaustion from keeping up with outbreaks, all WNHAC employees stepped up by responding to surges while maintaining basic primary care services.

TESTING

2021 brought multiple waves of COVID-19 to communities in our area, and ongoing coordination of mobile testing dominated the year. Multiple modes of transportation were used to facilitate testing within the communities – including land, water, and even air! A dedicated phone line along with a mobile testing coordinator, were always available to engage testing teams whenever a community need arose.

A GeneXpert rapid point- of-care machine was acquired in the fall, giving WNHAC the ability to process swabs and diagnose COVID-19 infection in house – eliminating the need to send swabs out of town. This was key in reducing wait times for results, and allowed us to support community adherence to provincial isolation guidelines – and became especially important during the 2021 holiday season, when our region saw a huge increase in cases, both in communities and in urban populations.

As we entered 2022, access to Rapid Antigen Tests changed the face of mobile testing. Clients and communities needed less assistance from testing teams and came to rely on self-testing and self-reporting cases, and assumed responsibility for notifying possible case contacts.

CASE NOTIFICATION, CONTACT TRACING, AND CLINICAL MANAGEMENT

Community Health Nurses (CHNs) provided a multitude of services – including guidance, education and support for clients residing in First Nations communities. Every positive result required daily case management and

follow-up with the individual and their household members, as well as contact tracing. Contact tracing is extremely time consuming, and involves calling each identified contact in a timely manner to provide notification of direct contact with a confirmed positive case, assessing risk of transmission and arranging further testing – all while maintaining confidentiality and adhering to strict privacy requirements.

For all clients, Nurse Practitioners provided primary case notification and clinical management. This included physical health status review, assessment of housing or referral isolation services, and medical/nursing follow up to ensure a positive outcome for each client and family.

Nurse Practitioners and Community Health Nurses alike continued to provide medical liaison and support to community leadership, health directors and on-site health staff to support medical management and nursing follow up of COVID-19 cases.

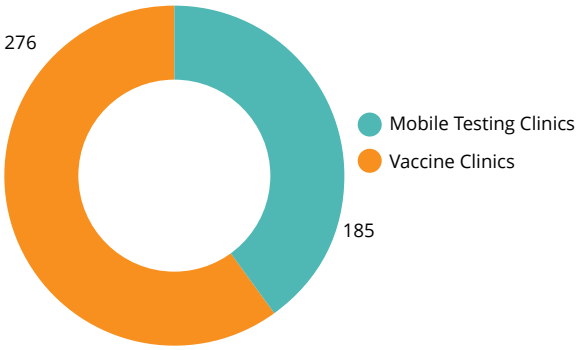
VACCINATIONS

Vaccine rollout remained a high priority for 2021, with WNHAC providing first, second, and booster doses to all eligible age groups. WNHAC led vaccine administration in the communities where we provide Community Health Nursing, and for Indigenous people in Kenora. It was a massive group effort, with many different staff redeployed to support vaccines clinics with scheduling, screening, infection control, post-vaccine observation, and COVAX data entry – in addition to the actual administration of vaccines. Besides community-based vaccine clinics, several mass clinics were held at Seven Generations Education Institute, Fellowship Centre, Jubilee Church/KMF CommUNITY Space, and our Central Services Location. Many of these events included collaboration with NWHU, Northwest EMS, Naotkamegwanning EMS, and Kenora Chiefs Advisory.

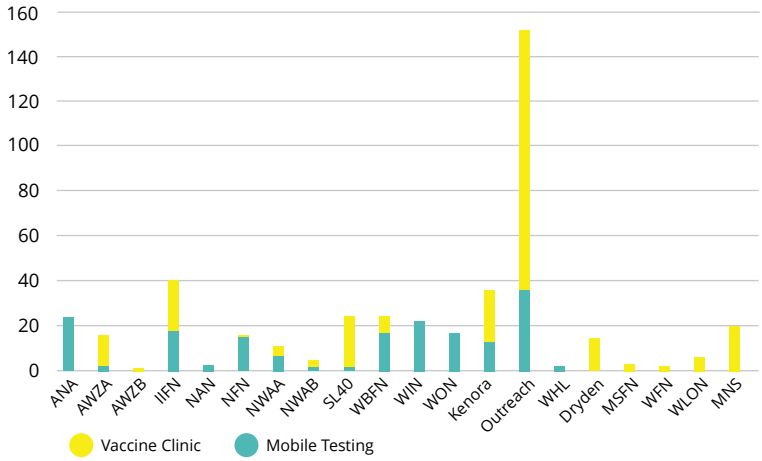
VACCINE DOSES ADMINISTERED 2021/2022 Fiscal Year

MONTH	Adult 1st	Adult 2nd	Adult 3rd	Youth 1st	Youth 2nd	Youth 3rd	Child 1st	Child 2nd	TOTAL
April	838	544							1382
May	219	437		76	1				733
June	108	1035		120	168				1431
July	27	116		23	59				225
August	40	43	1	26	31				141
September	29	39	1	8	28				105
October	21	48	1	10	16				96
November	4	16	261	3	8		20		312
December	86	11	414	1	1		62		575
January	24	20	362	13	9		35		463
February	13	10	111	14	17	36	14	18	233
March	1	1	2	0	0	3	4	15	26
	1410	**2320**	**1153**	**294**	**338**	**39**	**135**	**33**	**5722**

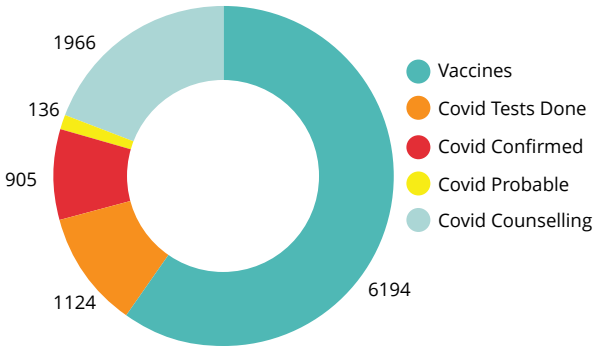
Covid Related Clinics



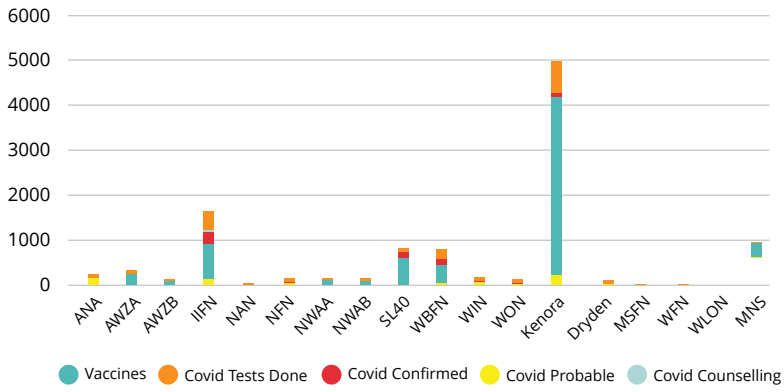
Covid Clinics by Community



Total Services



Services by Community



Providers:

NP/MD: Nurse Practitioner/Doctor
DC: Diabetes Clinician
FC: Foot Care Nurse
CNCC: Clinic Nurse Care Coordinator
PSW: Personal Support Worker
CHN/HCC: Community Health / Home Care Nurse
CR-RN: Covid Reponse Nurse
MT-RPN: Mobile Testing Nurse
EWT: Emotional Wellness Therapist
EWW: Emotional Wellness Worker
EWC: Emotional Wellness Counsellor
HP: Health Promoter
HP-RD: Health Promoter Dietitian
HP-RN: Health Promoter Nurse
CC: Cultural Coordinator
DH: Dental Hygienist
HCN: Health Coach Navigator

HEALTH PROMOTION SERVICES

Cultural Coordinators

Cultural Coordinator are at the heart of our organization. During 2021,22 the group harvested traditional medicines, provided individual cultural counselling, shared lifespan teachings, conducted or coordinated ceremonies, and supported traditional medicine clinics. In collaboration with traditional healers, the group helped make and distribute special medicines for clients with COVID-19. They also hosted virtual sessions that included cultural crafting, a winter story telling series, and traditional knowledge teachings. They also collaborated with many elders, and hosted an elder's gathering when it was safe to do so.

Cultural coordinators play an integral role in onboarding new employees and providing guidance to all programs. They also support clients with their spiritual, physical, mental, and emotional health needs and address a variety of health concerns and gaps in the healthcare system by helping ensure a welcoming space to experience both contemporary and traditional healing.

Health Promotion

Despite the many service delivery challenges the COVID-19 pandemic created, our Health Promoters have been resilient and adaptable in supporting our clients and their individual needs. Many Health Promoters were redeployed for COVID-19 response measures such as supporting mobile PCR testing, isolation centre support, clinic screening, working vaccination clinics, and data entry into the COVAX data base.

As we shifted in and out of outbreaks, so did the delivery style for promoting Mino Bimaadiziwin. In coordination with other interprofessional team members, Health Promoters hosted multiple online sessions on a variety of topics, including some larger events like the Food is Medicine Conference, the first WNHAC Pride Conference and the 8th Annual WNHAC Mino Bimaadiziwin Conference. In close collaboration with community partners, health promoters put together many different self-care packages including meal kits, family activities, crafts, oral health supplies and kits with essentials to help during periods of isolation.

The group was very enthusiastic to resume in person events, catching up on all program areas where possible. In addition to regular programming – which covers healthy sexuality, FASD and HIV/AIDS prevention, nutrition, diabetes prevention, healthy eating/active living, and smoking cessation – Health Promoters taught many First Aid and CPR classes in communities and to our staff. They also support programming at Waashkootsi Healing Lodge with health promotion sessions.

Oral Health

WNHAC's oral health program continues to be an essential segment in achieving wholistic health.

When regular programming resumed post-COVID, the number of children identified with untreated dental disease was significantly higher. Ensuring that all children received planned services and were connected with a local dental office and funding sources to access additional services required became an essential priority.

As infection prevention and control (IPAC) professionals, oral health providers were essential to our COVID-19 response Occupational Health and Safety efforts. They supported mobile testing, mass vaccination scheduling and clinics, COVAX data entry, and N95 mask fit testing.

Health Coaches

Health coaches help clients navigate the social and medical structures that often present many hurdles. They support clients to obtain or replace key personal identification, and to secure housing by assisting with various application processes. They also help with mercury disability and ODSP applications, and provided support to clients that had OTN appointments as well as arranging transportation for medical visits to WNHAC and out of district. Both health coaches were also redeployed as needed throughout the pandemic to help with vaccination clinics and screening.

Transition Facilitators

A new service that was just rolled out during the 2021,22 fiscal year, Transition Facilitators help clients navigate the transitions between different sectors of the health care system that do not always communicate effectively with each other.

Shaawanobinesiik Gibichii'igamig Outpatient Hostel

This program was originally established to serve people from relatively remote communities who needed safe and affordable accommodation while accessing health care services in Kenora. Those services might include outpatient procedures requiring an early arrival at the hospital, post-natal care, and accommodation for escorts or family members of gravely ill/palliative inpatients. The hostel also accommodates clients attending multiple hospital appointments in a week, such as for dialysis and advanced wound care.

In recent years, there has been a steady increase in persons requiring post-discharge care related to serious chronic disease management and complex transitions in care. A second growth area has been homeless or inadequately housed people whose healthcare outcomes depend on stable accommodation. The needs of these clients are often medically complex, and may include advanced wound care dressing changes, IV therapies, and multiple weekly hospital visits for dialysis. These medical needs are often complicated by addictions and/or mental health issues.

After COVID forced the program to relocate from its original home at Lake of the Woods District Hospital, the hostel has supported clients by arranging hotel accommodation, conducting daily wellness checks, coordinating hospital and medical office visits, arranging transportation, navigating health systems/ paperwork, and advocating for quality client care.

HEALING SERVICES

Healing Services achieved many accomplishments this year. Waashkootsi Nanaandawe'iyewigamig reconstructed the youth drum Chi-pinessi-miigwan by acquiring and processing a hide and completing the reconstruction throughout the past year. Waashkootsi also began rebuilding the lodge's garden by revitalizing what had been lost over the years. Throughout COVID-19, the lodge began looking back to ensure they were revitalizing Indigenous knowledge on how to continue living off the land. Throughout this learning, the lodge re-built the teaching and sweat lodge together to ensure every member knew how to reconstruct these spaces. They also were able to offer community sweats to those living in Washagamis Bay First Nation, provide medicine to Elders and clients, deliver healthy meals to those in isolation, and provide COVID-19 isolation spaces to ensure there was a safe space for all people to isolate.

Rapid Access to Addictions Medicine (RAAM) has been a high priority for our Emotional Wellness Workers who provide services to underhoused Indigenous clients through access to harm reduction supplies, building relationships, and facilitating a place of belonging and trust. Numerous groups have been provided over the last year which included Mental Health Week Beading, Dialectical Behavioural Therapy Skills, Grief Pathway to Healing, and many more.

The Mitiigomish Program has seen many clients succeed throughout residential programming and aftercare. Clients have moved forward in their healing journey with finding work and living situations, and generally succeeding in the goals they set for themselves during programming. The program was able to provide clients with life skills, increased traditional knowledge, skills in building hand drums, rattles, ribbon shirts/skirts and medicine bags, as well as learning to identify and gather medicines. With an increase in staff, services have been able to grow. Clients were able to enjoy fishing, attending Rushing River Provincial Park, and utilizing the land for further healing.

The Agichi'giizhigoonsag Program has been able to grow and begin programming through COVID-19. The program has a core group of youth who are very involved with attending Elder's Summits, sweat lodge ceremonies, turtle lodge ceremonies, and much more. One youth has decided to become a Shkaabe and continues to learn from Elders and fellow Shkaabewag. A family program was trialed in partnership with Women's Shelter Saakaate House that held promise for future growth and learning. Youth continued land-based learning and successfully harvested beaver, wild rice, and medicines. Youth also participated in a canoe trip. A priority that remains for the Agichi'giizhigoonsag Program is to continue empowering communities to sustain their own land-based programming that enables communities to be champions in their own health and healing.

Finally, the Therapy program continues to build a presence, and in the past year has hired an Art Therapist. The program continues to grow and offer specialized programming such as art therapy, eye movement desensitization and reprocessing (EMDR) therapy, grief support, and much more. Psychotherapy services continued during COVID-19 through virtual and in-person appointments with Registered Psychotherapists and Registered Social Workers. These providers met with 632 clients over 971 encounters throughout this difficult year.

CLINICAL SERVICES

While COVID continued to dominate service delivery this year (more on that elsewhere in this report), clinical service providers strove to put equal effort into core service – comprehensive primary health care. We want to acknowledge our community partners for their patience and understanding as we dealt with COVID impacts on health human resources that sometimes spread remaining resources very thin.

Interprofessional initiatives included:

- monthly traditional medicine clinics
- primary care outreach to Emergency Shelter
- addressing opioid addiction
- promoting Naloxone and other harm reduction initiatives
- comprehensive diabetes care including:
  - diabetes management support/medication adjustment
  - nutritional advice/therapeutic diet
  - basic and advanced footcare
  - chiropody care
  - retinal screening
- cancer screening initiatives
- supporting Niibin Mercury Research Study in Grassy Narrows
- NOSM University engagement and hosting student placements
- virtual care Initiatives including OTN and Telus/PSS video
- online appointment booking
- involvement in ANHP and OHT; participation in various committees:
  - Home & Community Care,
  - Clinical Advisory,
  - Primary Care Steering Committee,
  - Indigenous Advisory,
  - Traditional Healing,
  - Digital Health

Highlights

Re-launch of the **Diabetes Retinal Screening Program** in partnership with Vision Loss Rehabilitation Canada (VLRC) was a huge milestone this year. Utilizing new artificial intelligence (AI) technology, this service increases access to early identification of diabetic retinopathy – the leading cause of blindness among adults with diabetes.

Early detection, timely treatment, and appropriate follow-up care reduces the risk of vision loss by 95%. This portable technology closes gaps for high-risk clients by providing services close to home.

The technology eliminates the need for dilation and expertise, which means imaging, grading, and reporting can be completed by RPNs who have specialized training without the need for an eye care specialist. The system analyzes retinal images, detects signs of disease, and creates a report in less than 30 seconds. The traditional screening could take days or even weeks to complete.

Patients with positive results are immediately referred to an ophthalmologist for care. This program provides increased awareness, access to screening, coordination of care, and supports vision rehabilitation. More information can be found at: Vision Loss Rehabilitation Canada brings AI-driven diabetic eye screening to rural and Indigenous communities (newswire.ca)

WNHAC welcomes opportunities to participate in research that is relevant to the needs of our clients. In 2020, WNHAC collaborated with Women's Health College, who published an insightful article, **"Commentary: Community Knowledge for Equity in Healthcare"**, co-authored by our own Philina Sky. This article provides five considerations for developing meaningful and inclusive patient partnerships. It also outlines three points that push the boundaries of discussion on diverse patient partnerships and discusses challenges faced by the research team in building and deepening its approach to community engagement. It suggests a shift

from patient engagement to community engagement, and from labelling various communities together as "underserved" or "structurally marginalized" to engaging specific cultural or geographic communities at specific times. Finally, it suggests deferring to community knowledge. This article can be found at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8437251/

In addition, positive outcomes resulted from our involvement in **"Health equity related challenges and experiences during the rapid implementation of virtual care during COVID-19: a multiple case study"**. This paper outlines the experiences of health care organizations rapidly implementing virtual care during the first wave of the COVID-19 pandemic, and examines how health equity was considered. Despite the potential of virtual care to enhance access for some communities, the scale and pace at which services were virtualized did not leave many organizations with sufficient time and resources to ensure optimal and equitable delivery of care for everyone. A multiple case study approach looked at four organizations providing virtual care services to structurally marginalized communities in Ontario. Semi-structured qualitative interviews with providers, managers, and patients explored the challenges experienced by organizations and the strategies used to support health equity during the rapid virtualization of care. Of the 38 interviews, several were with WNHAC Client Advisory Committee members and primary care providers. This article can be found at: https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-023-01849-y

In conclusion, while it must be acknowledged that virtual health care became crucial during the pandemic, it is not a one size fits all solution. Our lived experiences and unique world view must be considered when policy development and change management are planned, especially when planning for virtual options when face to face care is not possible.

HUMAN RESOURCES

2021-22 was another unprecedented year for Waasegiizhig Nanaandawe'iyewigamig in navigating and managing the effects of COVID-19 and impact on the workplace. Challenges to provide a safe workplace and manage COVID-19 infection prevention and control had us looking at opportunities for work from home/ hybrid options. As we strive daily to provide quality services, workforce challenges are being felt at WNHAC, as well as the broader healthcare system.

- Continued efforts to manage in this changing environment have WNHAC looking at recruitment statistics to improve strategies for attracting and retaining talent. Data shows that: We circulated 50+ job postings and filled 85% of posted positions. Posts go up internally, and are distributed to affiliated First Nations and Indigenous organizations, local newspaper, and on-line platforms.
- Turnover ratios appear high, but COVID-19 response and other specialized programing contributed significantly to this rate. Other indicators include resignations, summer students/staff returning to school, housing challenges, and retirements. Benchmarking statistics show that 10% of the workforce may be eligible to retire in the next 3-5 years, which will intensify competition for talent and add to the turnover ratio.

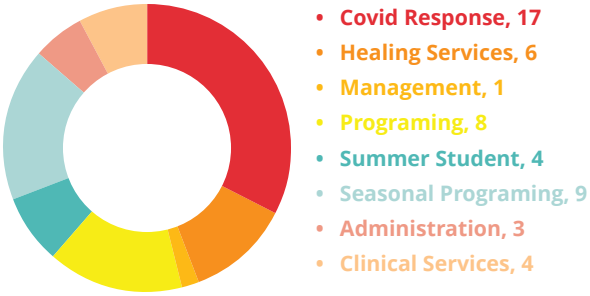
• We offer competitive salaries and benefits, which are reviewed annually by analyzing all compensation elements including salaries and pension, vacation entitlement and group benefits and converting these data to an hourly 'effective rate of pay' that is easily comparable with other employers.

- We promote wellness and work/life balance, and respect our commitment to a safe, positive, and healthy workplace through policy, a wellness stipend, leave policy, an Employee Assistance Program and encouraging ongoing professional development.
- Research in the global market suggests volatility in the job market is attributable to workforce shortages, competition for skilled workers, and the evolution of the workplace.

Onboarding – Offboarding

The following chart details recruitment successes (52 staff onboarded) and challenges (41 staff offboarded) by program, project or group, and employment type:

ONBOARDING – 52 new employees



Offboarding statistics show 46% of turnover relates to term contracts. This confirms the disadvantage of term employment which offers no job security or career progression for employees and increases HR workload.

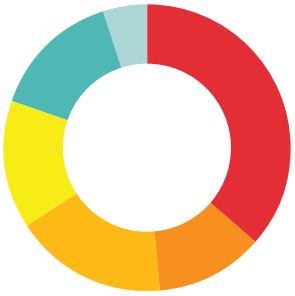
In contrast, 'permanent' staff offboarding data reveals 17% related to retirement, 12% found other jobs, 8% left to pursue entrepreneurial opportunities, and 17% relocated to be closer with family or due to the high costs of living in the region. All turnover was voluntary.

OFFBOARDING – 41 departing employees

- Covid Response 27%
- Relocation 17%
- Entrepreneur 8%
- Found other job 12%
- Retirement 17%
- Return to School 12%
- Specialized Programming 7%

Of 41 exiting employees, 53% were term contracts or casual/temporary positions. 15% of regular employees exited to retire, 32% found other employment or needed to relocate. While changes in staff complement may be a challenge, it also opens doors for opportunities such as growth, development, reflection, and succession planning.

TURNOVER STATISTICS EMPLOYMENT TYPE

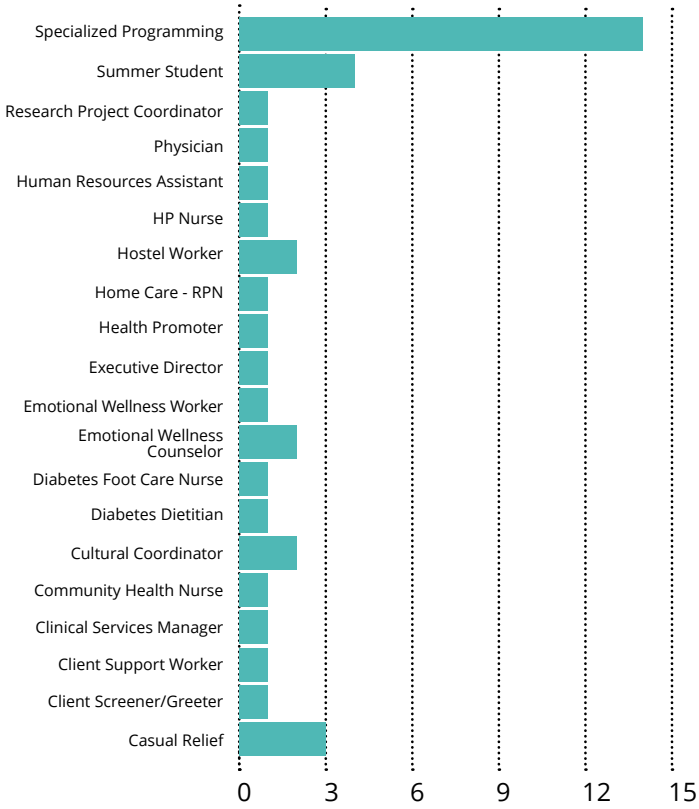


- Contract, 15
- Summer Student, 5
- FTE relocate, 7
- FTE resigned, 6
- FTE, retirement, 6
- Casual, 2

The following chart displays turnover statistics based on positions or programing. Again, data illustrates evidence that short-term contracts or casual/temporary positions are the top contributors to turnover statistics in the period.

TURNOVER STATISTICS

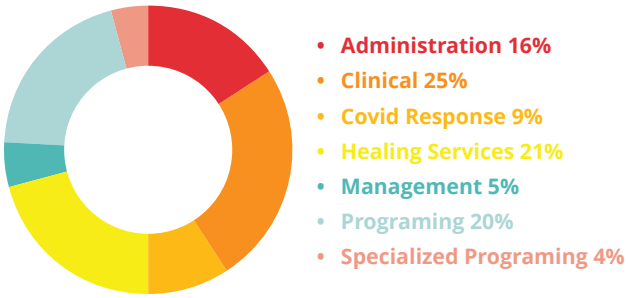
41 exiting staff based on position or project



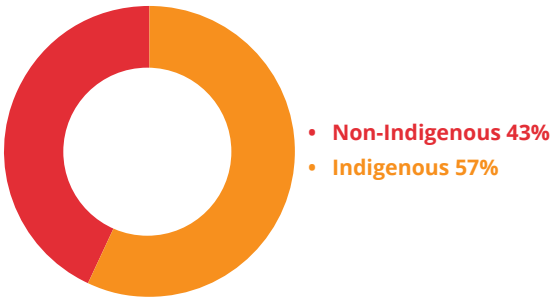
Staff Complement

The following three (3) charts provide details related to our staff complement at the end of the fiscal year:

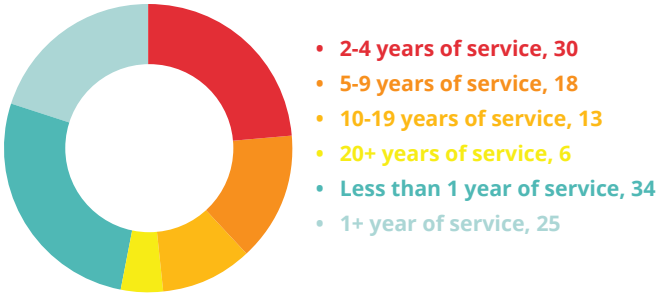
126 EMPLOYEES – by program area



Research validates that Indigenous healthcare professionals support improved health outcomes for Indigenous people through their cultural knowledge, and ability to bridge traditional and contemporary approaches. We support inclusion and diversity in the workplace and acknowledge all staff and their continued efforts in working to improve outcomes and access to care.



Our years of service statistic demonstrates diversity in retention rates, ranging from 10+ years to less than 1 year of service. Expansion to all service areas, addition of COVID-19 response, and specialized programing contribute to this data. Orientation to our organization, communities, services, policies, on the job training and job specific mentors are all part of our onboarding processes.



There are no words in Anishinaabe for good-bye, we say "Baamaapii". So, we extend a Chi-Miigwech, Happy Retirement and Baamaapii to the following employees for their long-term commitment to WNHAC. Without your hard work and dedication, we wouldn't be where we are today. Miigwech to Fred Morrison, Senior Hostel Worker with 24+ years; Anita Cameron, Executive Director, 23+ years; Connee Badiuk, Clinical Services Manager, 20+ years; Brenda Beardy, Hostel Worker, 19+ years, and Dr. Kevin Bozyk, Physician, 7+ years.

Bursary

Our purpose is to foster healthy Anishinaabeg, families, and communities through traditional and contemporary health care encompassing heart, mind, body, and spirit. Our vision is to encourage and support our young to succeed. We support this vision by hosting student placements and summer students, and through an annual bursary aimed at supporting Indigenous students who demonstrate commitment and solid values in pursuing a healthcare-related education. Our 2022 recipient, Taylor Tom, tells us a bit about her aspirations on the following page.

Last, but not least, we thank all of our staff for going the extra mile, for powering through the challenges of the pandemic, for continuing to deliver quality services and for staying true to Waasegiizhig Nanaand-awe'iyewigamig' s Vision, Mission, and Values. Our workforce continues to amaze with their ability to adapt, and their resiliency in facing the challenges presented day-to-day.

HELLO/BOOZHOO,

My name is Taylor Tom. I am from the First Nation Community of Naotkamegwanning (Whitefish Bay), and lived and grew up in Kenora, Ontario until the age fifteen.

From a young age I excelled in sports. I played everything I could, basketball, volleyball, soccer, badminton, track & field ... but my favourite was hockey. I played hockey all year round and discovered at a young age that you could earn scholarships for schools through the sport. With this discovery I began asking my mom (who is a single parent) if I could move away to play hockey and gain a better education so that this dream could one day come true. Growing up, it was just her and I, and I understood the amount of financial burden it was for me to play as many sports as I already did. However, that didn't stop her from sending me to Balmoral Hall School for Girls in Winnipeg, Manitoba at the age 15 to complete grade 10, 11 and 12 in hopes that my dreams would come true.

Those three years, I grew immensely as a hockey player, a student, and more importantly a person. Balmoral Hall instilled me with all the tools I needed to move on from high school and be successful and contributing back to the community. I was fortunate to achieve my goal of earning a university hockey scholarship at Norwich University in Northfield, Vermont USA, where I have spent the last 4 years earning my Nursing degree. The nursing profession has always been my career goal, and I was able to truly live out my childhood dreams playing hockey and studying at Norwich University. In all years of high school, I was an honor roll student, and when making the transition to Norwich University I was a straight A student 5 out of 8 semesters, presenting on the Dean's List all 4 years.

Moving away at fifteen was never easy, as I faced many challenges throughout the last 8 years away from home, dealing with it all essentially alone due to being so far from home and being committed to my studies and athletics. Through this journey I learned valuable skills within the classroom, at the rink, and appropriate ways to carry and deal with the challenges that were at stake.

May of 2021, I was browsing the internet on the Northern Ontario School of Medicine application requirements and realized I fit the criteria to apply. I worked tirelessly until the application deadline (October 1, 2021) for my application to stand out and to assure it was a competitive one. Receiving an invitation to interview in March 2022 felt like a dream as it was my first time applying and it almost felt like it would be too good to be true. I prepared hard for that interview while juggling my final moments playing the sport I loved, hockey, and finishing my last semester of nursing school. On May 10th, 2022, I received an email informing me that not only was I accepted to NOSM, but I was also awarded the Cass Family Scholarship presented to the two highest ranked self-identified first-year Indigenous students.

Since being accepted into the Northern Ontario School of Medicine earlier this month, it still feels like a dream. I pinch myself sometimes to make sure I'm not just daydreaming. This is a moment where I truly feel immense pride for myself and how hard I have worked to be here today. However, to me, what means more is knowing the impact I will continue to work to have for the Indigenous population of Canada. My dream is to work to assist bridging the healthcare gaps that exist within indigenous communities. To make our people feel heard and comfortable within the western medical practices, while feeling free to express our own medical practices through our traditions.

Receiving this scholarship will not just help me, but it will also help all indigenous people who I will be able to later serve and work with. I am committed to working hard to be able to do that one day, and with your support I will be able to do so.

Thank you and Miigwetch for your time.
Taylor Nycole Tom

RETIREMENT ANNOUNCEMENTS

CONNEE BADIUK

Waasegiizhig Nanaandawe'iyewigamig would like to take this time to acknowledge the 2021 retirement of Connee Badiuk, Clinical Services Manager. Connee came to WNHAC in 2001 as a Registered Dental Hygienist, helping build and transform preventative oral health services offered at the organization. Her knowledge and experience in the field of health was instrumental in making the program what it is today.

Connee had much to offer in the way of advocacy and leadership, and her potential to drive positive change landed her a new role as Program Director in 2010, where she oversaw both the clinical and preventative programs. It was during this time that she assisted and mentored other staff members in respective leadership roles, helping build capacity and internal support for the ever-growing interprofessional teams and acting as a liaison between staff and management.

As the organization continued to grow, so did the need to provide direct specialized leadership to our various programs. Connee transitioned to the title of Clinical Services Manager, where she was accountable for the planning and implementation of all clinical services at WNHAC. It was within this role where Connee most demonstrated her commitment to providing quality wholistic health care to our clients, families, and communities.

In her personal life, Connee is a healthy lifestyle role model. Her passion for personal fitness often bled into her work life, and she was known for being an active supporter of staff members working towards a healthier way of life. She was also an avid runner, participating in many different runs and marathons – including the famous Boston Marathon.

WNHAC extends a heartfelt miigwech to Connee. It has been our privilege and honor to work alongside her for 20 plus years, as both a frontline worker and then as a member of senior management. Her commitment and focus were unwavering even in the most challenging of times, both personal and professionally. We at WNHAC wish Connee Mino-Bimaadiziwin, now and in her future adventures!

FRED MORRISON, Senior Hostel Worker

Fred Morrison started with the Hostel on December 9, 1996. At that time the hostel was operated by Wabaseemoong Independent Nations, in partnership with Lake of the Woods Hospital. Management of the program was transferred to Waasegiizhig Nanaandawe'iyewigamig in 2002, and Fred became a WNHAC employee in the program now known as Shaawanobinesiik Gibichii'igamig.

As the Senior Hostel Worker, Fred was responsible for scheduling and supervising staff and coordinating client pathways and services. Fred was an outstanding leader and role model who consistently demonstrated a gentle approach. He was described as understanding, flexible, solution focused and helpful on all accounts. His passion for fishing and hockey were well-known, and he always had a good story or two to share.

Miigwech for your leadership over the years and may you enjoy this new chapter!

BRENDA BEARDY, Hostel Worker

Brenda Beardy began her journey with the Hostel on October 1, 2002, as a Hostel Worker. Brenda's role was to ensure clients and families had a safe and welcoming space where they could be close to outpatient care, early morning appointments, or to be near loved ones who were hospitalized. Brenda was best known by both clients and co-workers for her friendly, quiet demeanor. Her dedication to her family, community and faith were well known. Brenda was an amazing cook, and a talented baker!

When the COVID-19 pandemic closed the hospital to hostel operations, Brenda continued to support the program and clients by organizing hotels and transportation, and catering meals.

Miigwech for your dedication! We are forever grateful and wish you well in your retirement!

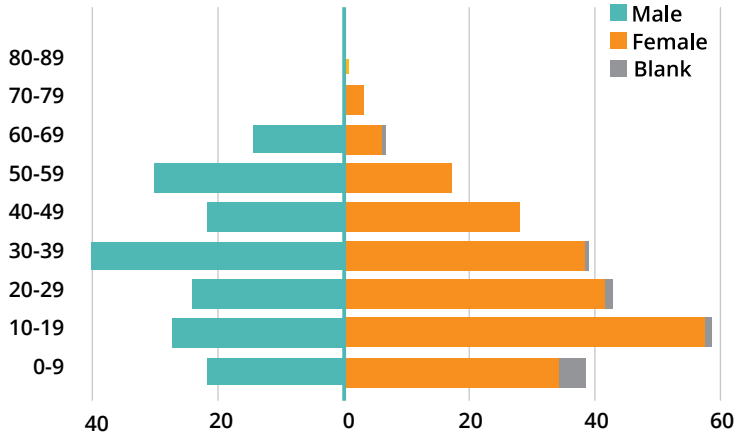
COMMUNITY PROFILES

ASUBPEESCHOSEEWAGONG NETUM ANISHINABEK

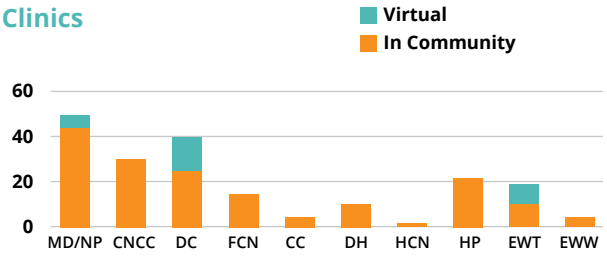
In community population* 968
Most recent visit: 2021/22 - 33%, 2020/21 - 13%, 2019/20 - 4%, Not Seen - 50%

Registered clients:	488	Avg encounters per client:	3.33
Active clients:	323	MD/NP Community Clinics:	48
Total encounters:	1077	MD/NP Virtual Clinics:	5

Active Client Profile

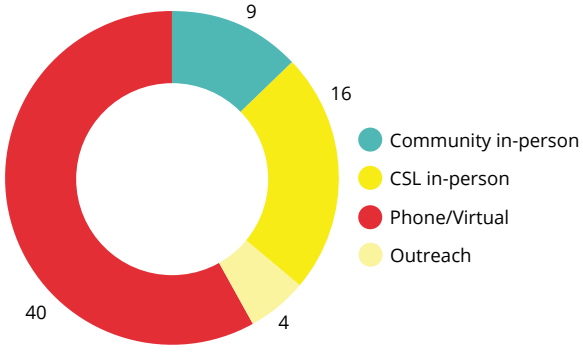


Clinics

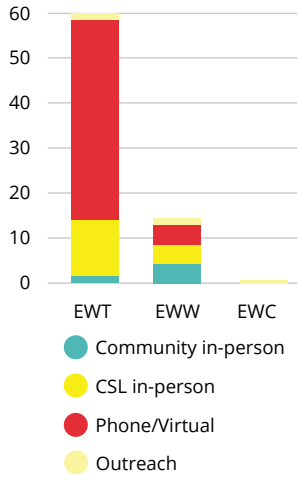


CLIENT ENCOUNTERS

Healing Services

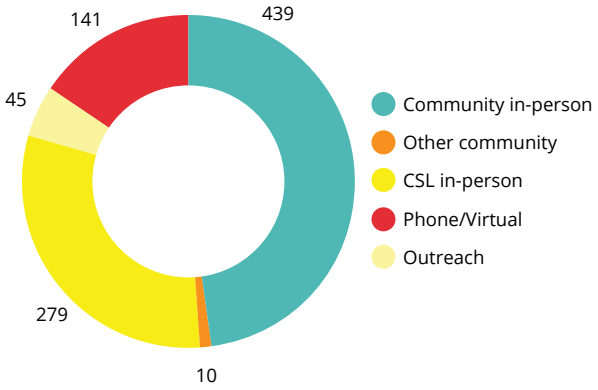


Healing Services

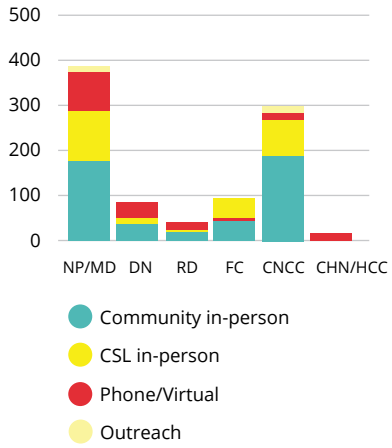


Top emotional issues
Feeling Overwhelmed
Feeling Stressed Out
Family Stress
Fear / Concern about COVID-19
Grief Reaction
Relationship Problem with Family Member
Feeling Worried
Housing Issue
Relationship Problem
Feeling Frustrated

Clinical Services

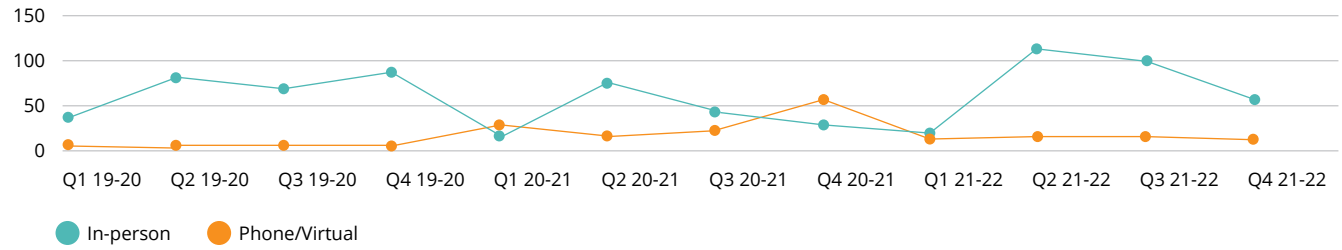


Clinical Services

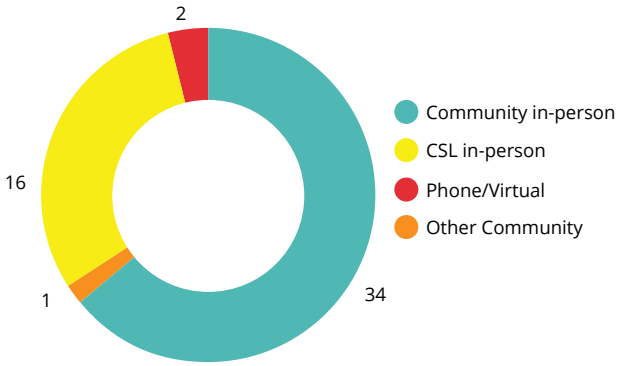


Top 10 health issues
Toxic / Poisonous Effect of Mercury
Diabetes Mellitus Type 2
Hypertension
Hypothyroidism
Depression
Anxiety
Confirmed Case COVID-19
GERD
Abdominal Pain
Anemia

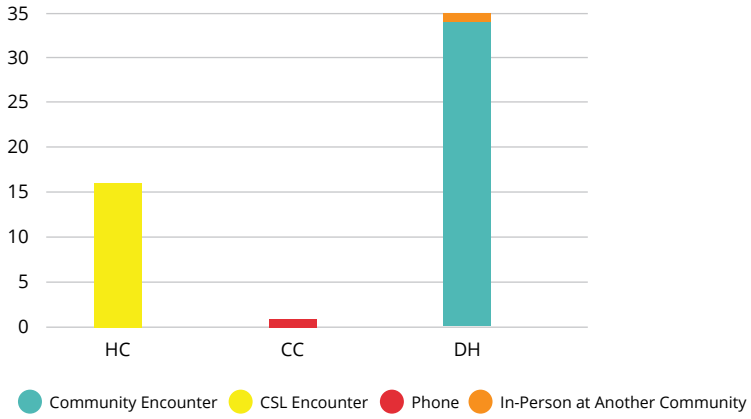
MD/NP Encounters in last 3 years



Program Services



Program Services



Health Promotion & Cultural Activities	Top activities
Total: 10 activities, 236 participants	Culture Camp
	Oral Health - Varnish
	Health Fair
	Full Moon Ceremony
	Mental Health First Aid

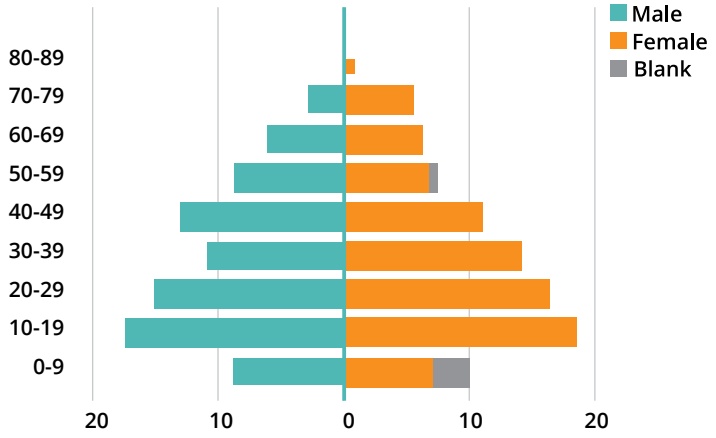
**per GoC First Nation Profiles December 2022 Population Profile*

ANIMAKEE WA ZHING #37A – REGINA BAY

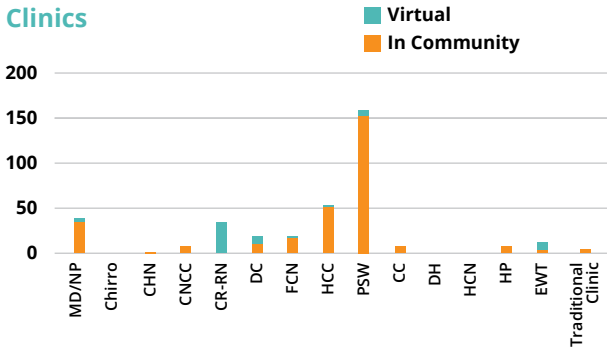
In community population*	192
Most recent visit AWZA:	2021/22 -65%, 2020/21 - 5%, 2019/20 - 4%
Most recent visit AWZB:	2021/22 -21%, 2020/21 - 3%, 2019/20 - 2%

Registered clients:	158	Avg encounters per client:	8.55
Active clients:	139	MD/NP Community Clinics:	33
Total encounters:	1188	MD/NP Virtual Clinics:	3

Active Client Profile

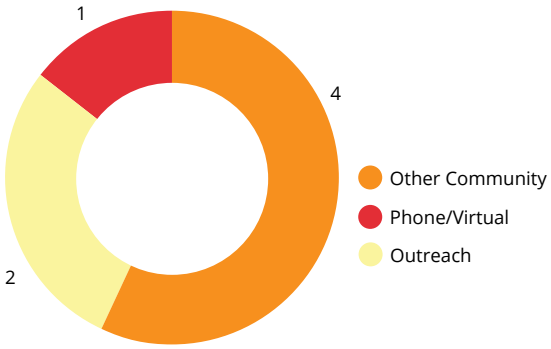


Clinics

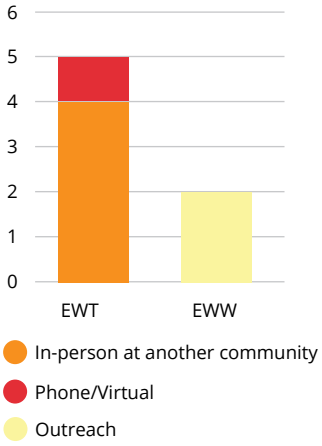


CLIENT ENCOUNTERS

Healing Services

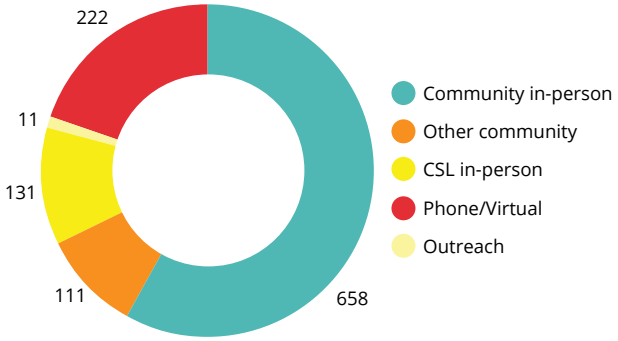


Healing Services

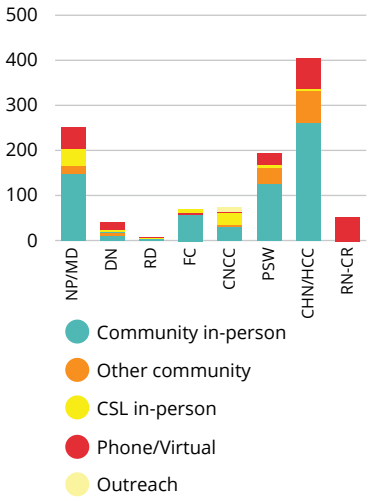


Top emotional issues
Grief Reaction
Depression
PTSD
Anxiety
Self Harm
Family Stress
Feeling Stressed Out
Fear / Concern about COVID-19
Feeling Emotional

Clinical Services

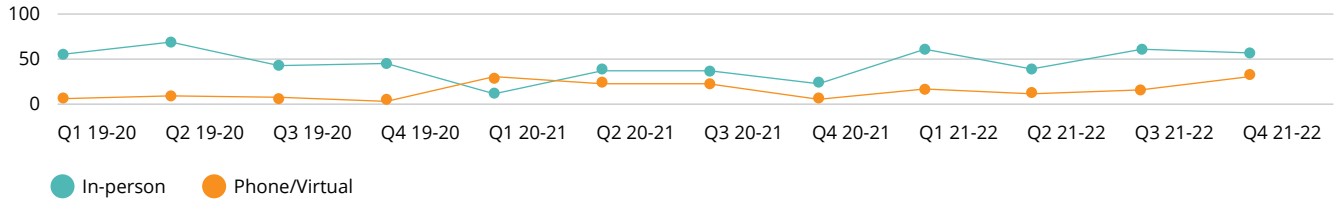


Clinical Services

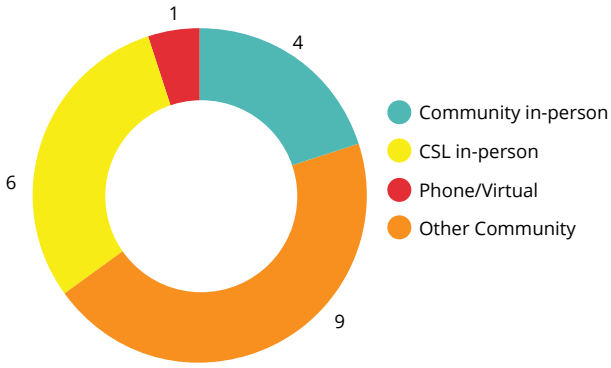


Top 10 health issues
Visit for Preventive Immunizations / Medications
Diabetes Mellitus Type 2
Hypertension
Fear / Concern about COVID-19
Wart(s)
Anxiety
Depression
Anemia
Iron Deficiency Anemia
Cellulitis

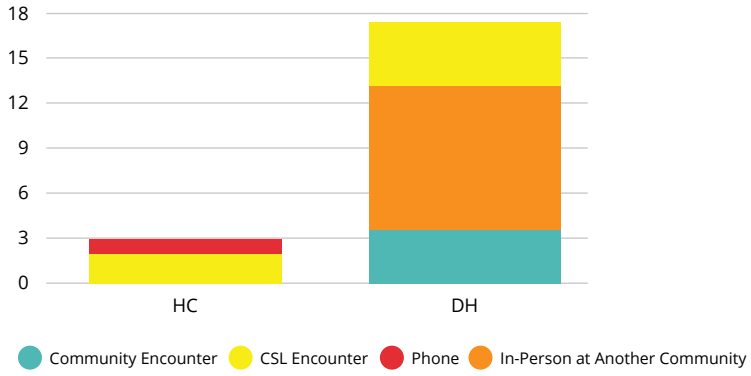
MD/NP Encounters in last 3 years



Program Services



Program Services



Health Promotion & Cultural Activities	Top activities
Total: 10 activities, 41 participants	Nutrition Bingo
	Parenting Group
	Oral Health - Varnish

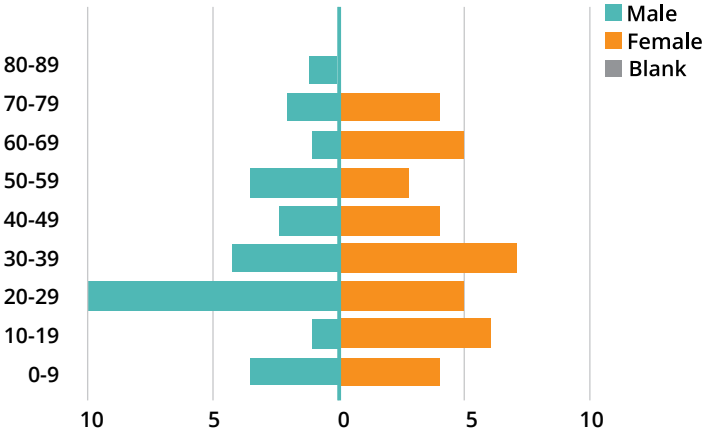
**per GoC First Nation Profiles December 2022 Population Profile*
***More clients seen than living in community*

ANIMAKEE WA ZHING #37B – WINDIGO ISLAND

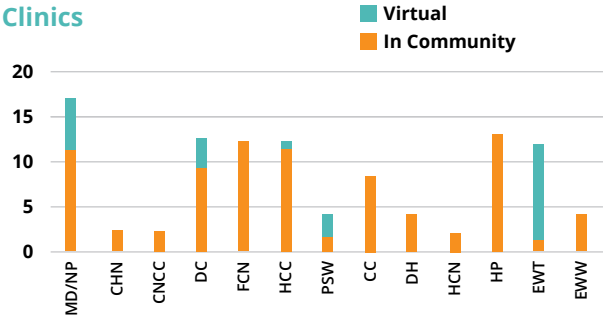
In community population*	192
Most recent visit AWZA:	2021/22 -65%, 2020/21 - 5%, 2019/20 - 4%
Most recent visit AWZB:	2021/22 -21%, 2020/21 - 3%, 2019/20 - 2%

Registered clients:	55	Avg encounters per client:	8.62
Active clients:	45	MD/NP Community Clinics:	12
Total encounters:	388	MD/NP Virtual Clinics:	5

Active Client Profile

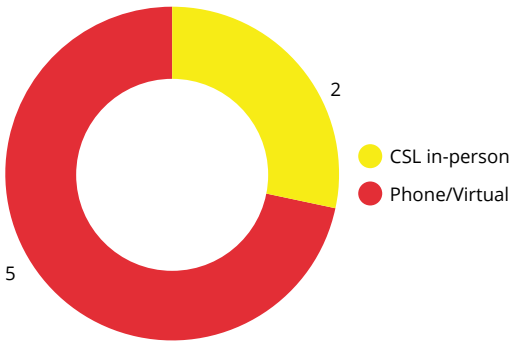


Clinics

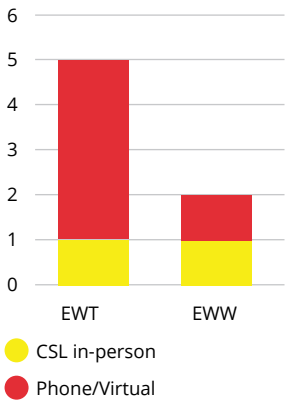


CLIENT ENCOUNTERS

Healing Services

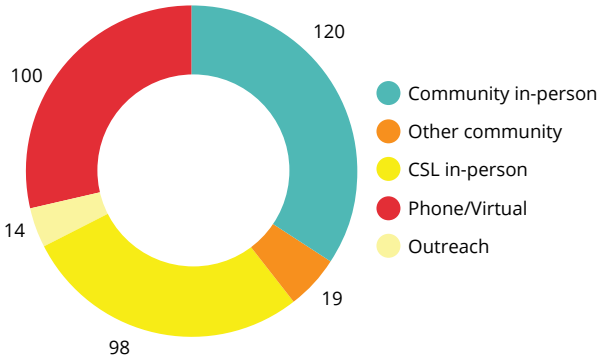


Healing Services

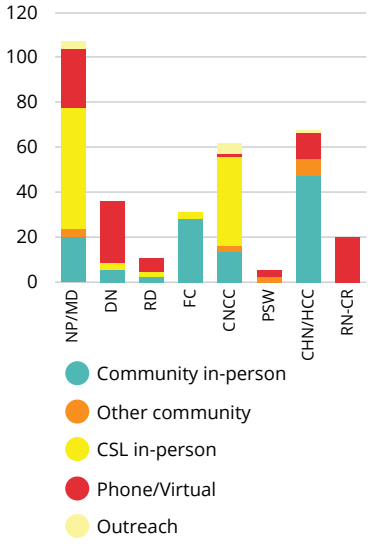


Top emotional issues
Feeling Stressed Out
Feeling Overwhelmed
Family Stress
Family Discord
Grief Reaction
Visit for Crisis Counselling
Community Safety Issues
Alcohol Abuse
Feeling Depressed

Clinical Services

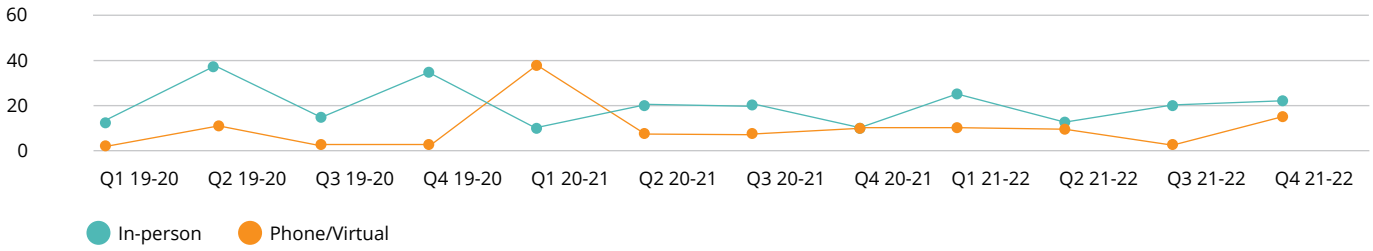


Clinical Services

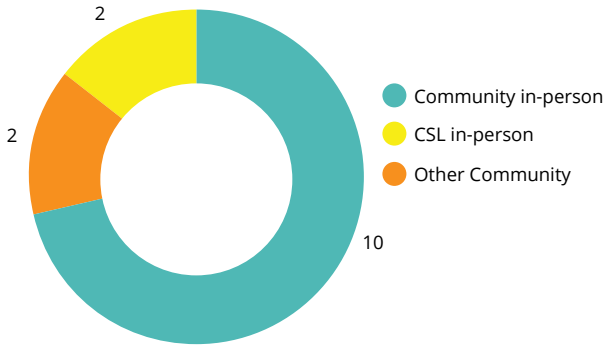


Top 10 health issues
Hypertension
Diabetes Mellitus Type 2
Visit for Preventive Immunizations / Medications
Anxiety
Alcoholic Hepatic Failure
Tension Headache
Confirmed Case COVID-19
Alcoholic Hepatitis
Otitis Media
Oral Thrush

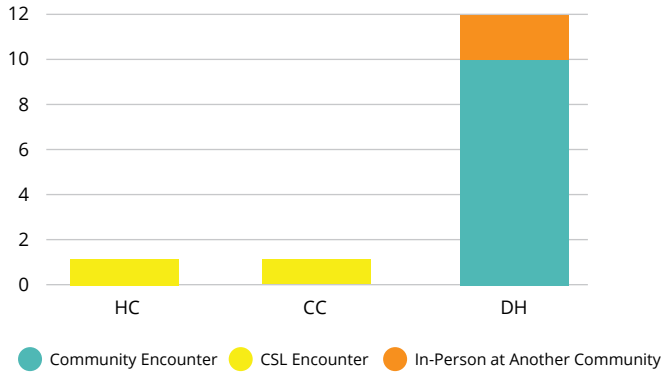
MD/NP Encounters in last 3 years



Program Services



Program Services



Health Promotion & Cultural Activities	Top activities
Total: 5 activities, 12 participants	Child Nutrition
	Oral Health - Varnish

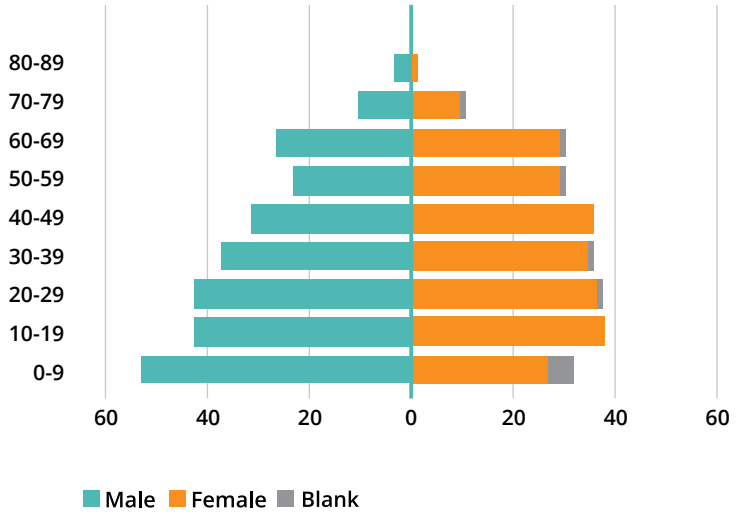
**per GoC First Nation Profiles December 2022 Population Profile*

ISKATEWIZAAGEGAN #39

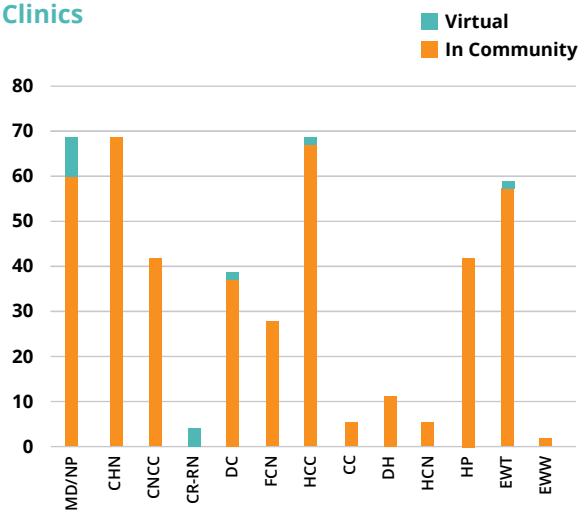
In community population*	340
Most recent visit:	2021/22 -3391%, 2020/21 - 6%, 2019/20 - 3%

Registered clients:	521	Avg encounters per client:	7.04
Active clients:	475	MD/NP Community Clinics:	59
Total encounters:	3342	MD/NP Virtual Clinics:	9

Active Client Profile

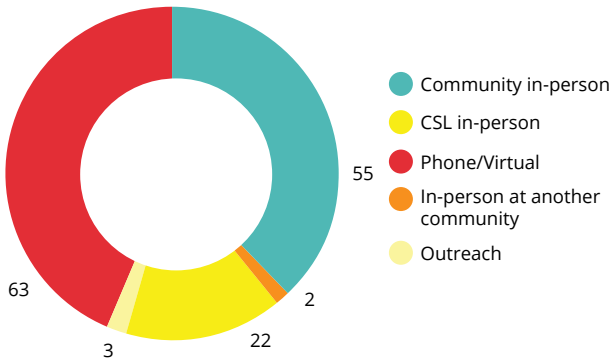


Clinics

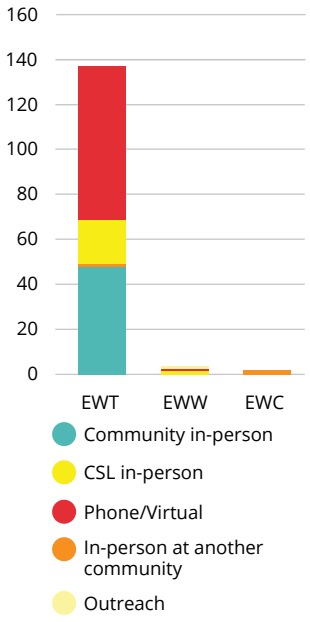


CLIENT ENCOUNTERS

Healing Services

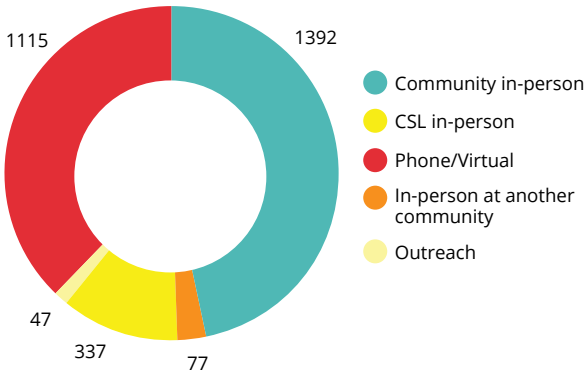


Healing Services

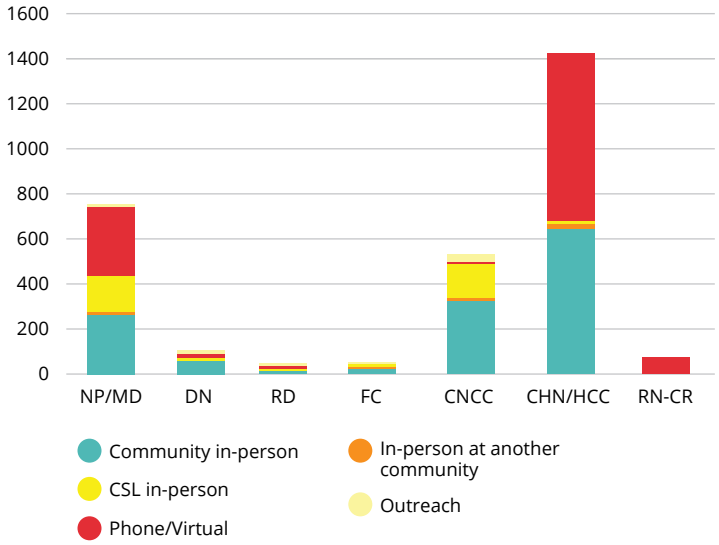


Top 10 emotional issues
Emotional regulation
Anxiety
Depression
PTSD
Relationship Problem
Family Stress
Self Harm
Past History of Self-Harm
Feeling Stressed Out
Adjustment Reaction

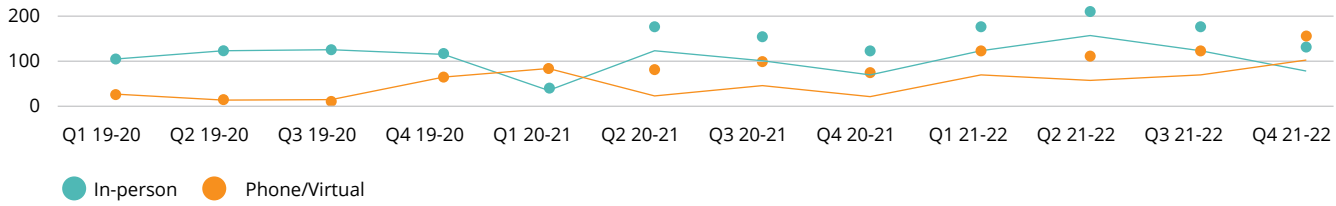
Clinical Services



Clinical Services

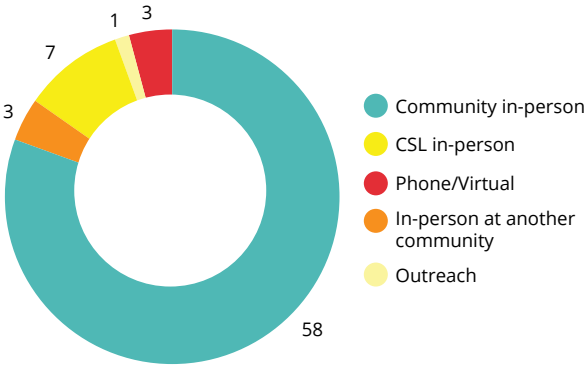


MD/NP Encounters in last 3 years

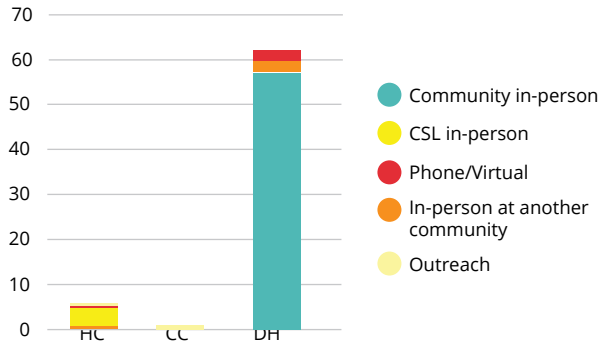


Top 10 health issues	
Hypertension	Tension Headache
Diabetes Mellitus Type 2	Confirmed Case COVID-19
Visit for Preventive Immunizations / Medications	Alcoholic Hepatitis
Anxiety	Otitis Media
Alcoholic Hepatic Failure	Oral Thrush

Program Services



Program Services



Health Promotion & Cultural Activities	Top 5 activities	
Total: 15 activities, 435 participants	Oral Health - Varnish	COHI Consents
	FASD Awareness Walk	Diabetes Prevention
	Job Fair	

**per GoC First Nation Profiles December 2022 Population Profile*
***More clients seen than living in community*

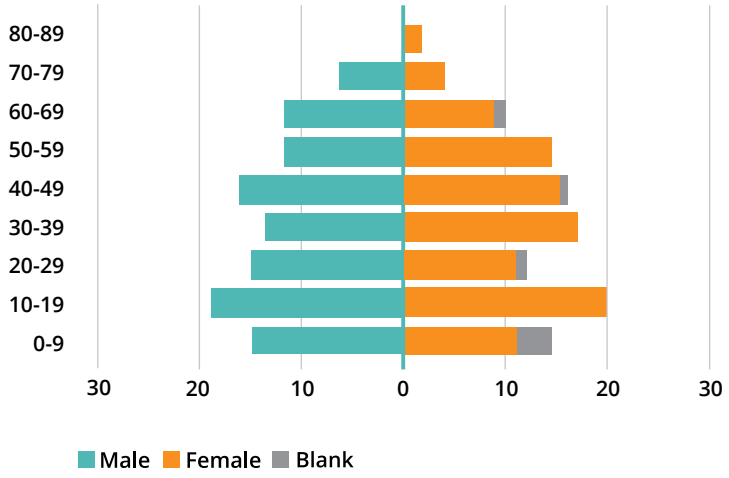
NIISAACHEWAN ANISHINAABE NATION

In community population* 166

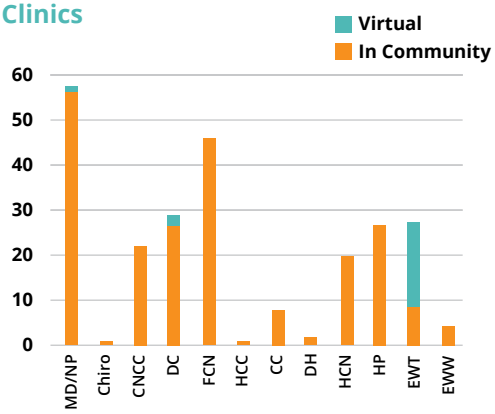
Most recent visit: 2021/22 -80%, 2020/21 - 15%, 2019/20 - 5%

Registered clients:	210	Avg encounters per client:	5.88
Active clients:	167	MD/NP Community Clinics:	55
Total encounters:	982	MD/NP Virtual Clinics:	2

Active Client Profile

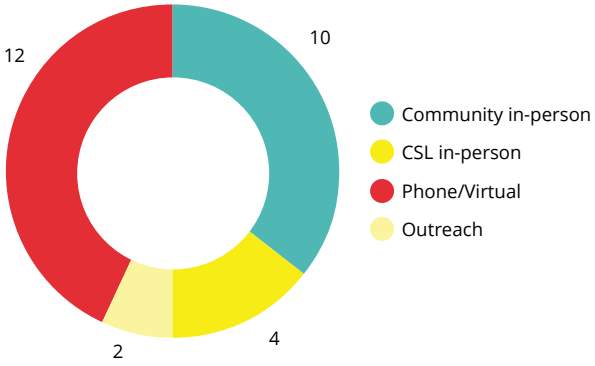


Clinics

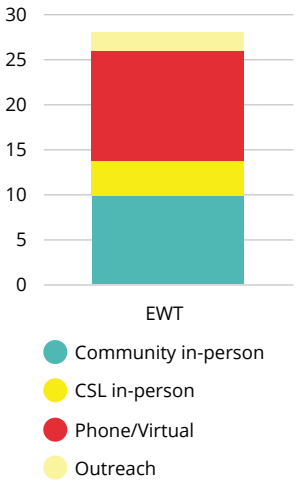


CLIENT ENCOUNTERS

Healing Services

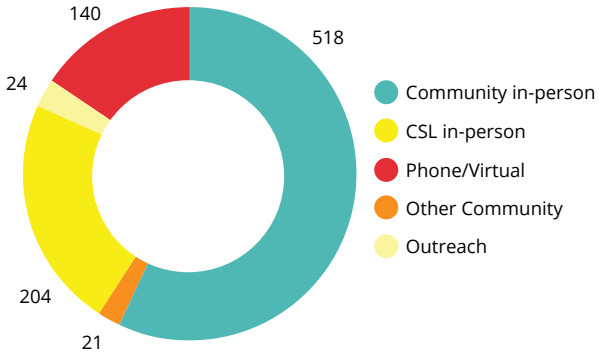


Healing Services

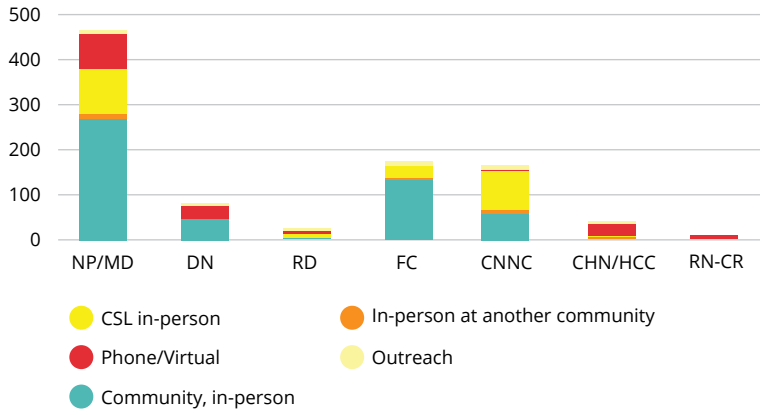


Top 10 emotional issues
PTSD
Depression
Anxiety
Feeling Stressed Out
Grief Reaction
Borderline Personality Disorder
Relationship Issues during Dating
Mood Disorder
Feeling Anxious
Relationship Problem

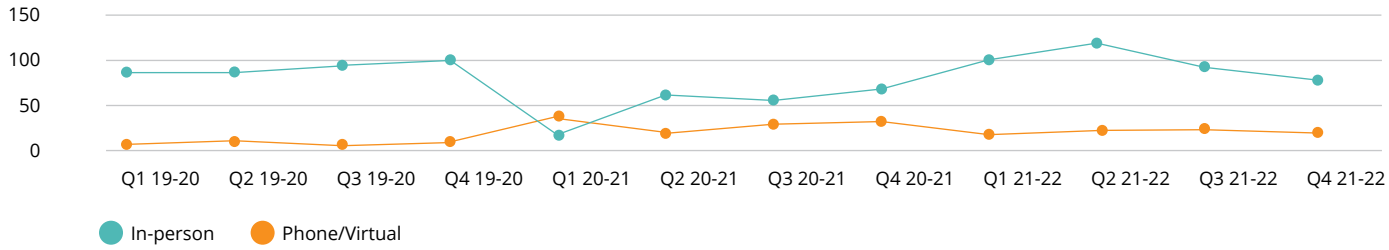
Clinical Services



Clinical Services

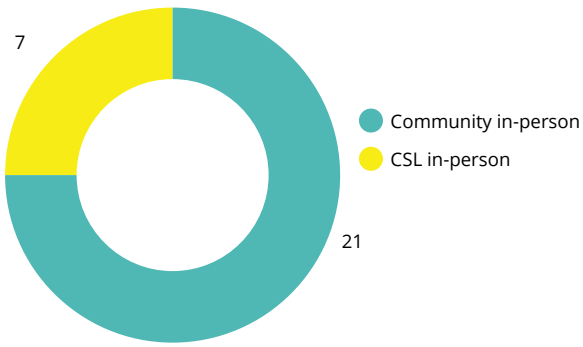


MD/NP Encounters in last 3 years

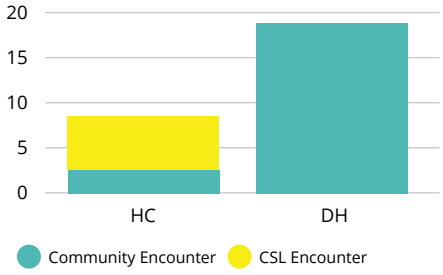


Top 10 Health issues	
Diabetes Mellitus Type 2	Abdominal Pain
Rheumatoid Arthritis	Knee Pain
Hypertension	Alcohol Addiction
Anxiety	Contraception (Female)
Depression	Opiate Replacement Therapy

Program Services



Program Services



Health Promotion & Cultural Activities	Top 5 activities	
Total: 18 activities, 148 participants	Cultural Teachings/Programming	Early Years Gym Night
	Youth Scrapbooking Series	Empowering Woman's Group
	Meal Kits	

**per GoC First Nation Profiles December 2022 Population Profile*
***More clients seen than living in community*

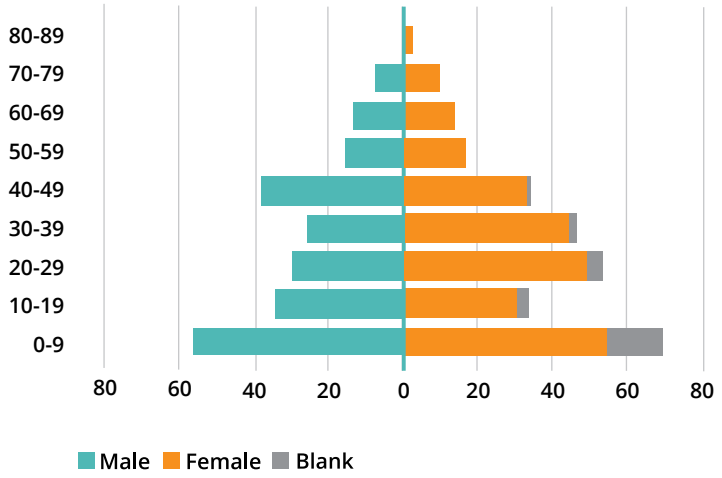
NAOTKAMEGWANNING

In community population* 736

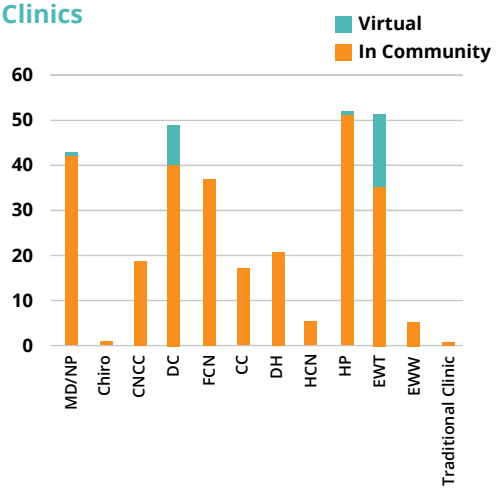
Most recent visit: 2021/22 -59%, 2020/21 - 9%, 2019/20 - 8%, Not Seen - 24%

Registered clients:	558	Avg encounters per client:	4.11
Active clients:	432	MD/NP Community Clinics:	42
Total encounters:	1774	MD/NP Virtual Clinics:	2

Active Client Profile

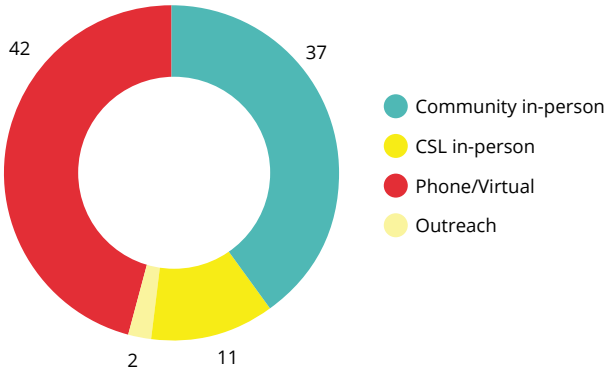


Clinics

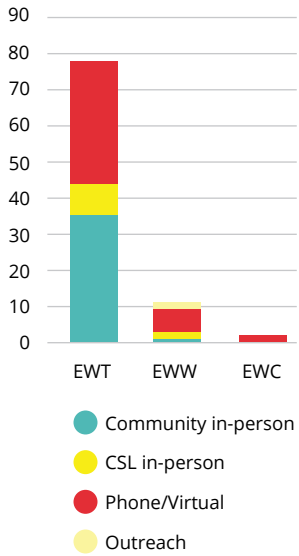


CLIENT ENCOUNTERS

Healing Services

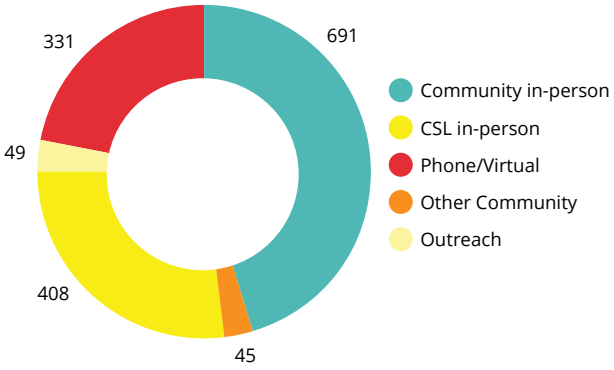


Healing Services

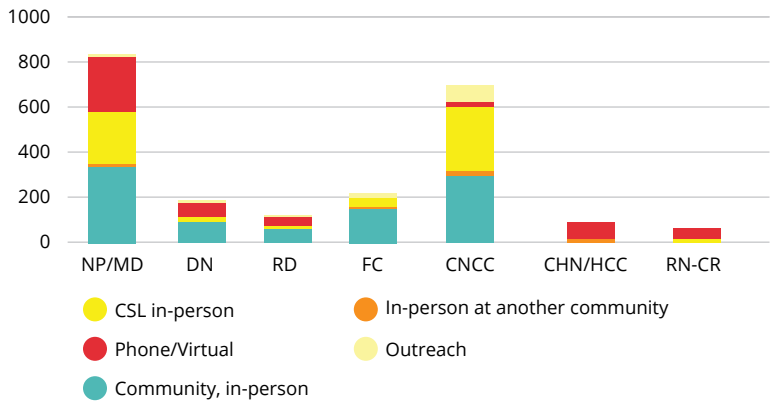


Top 10 emotional issues
Anxiety
Depression
Grief Reaction
PTSD
Alcohol Use
Relationship Problem
Alcohol Abuse
Feeling Stressed Out
Family Stress
Multiple Substance Addiction

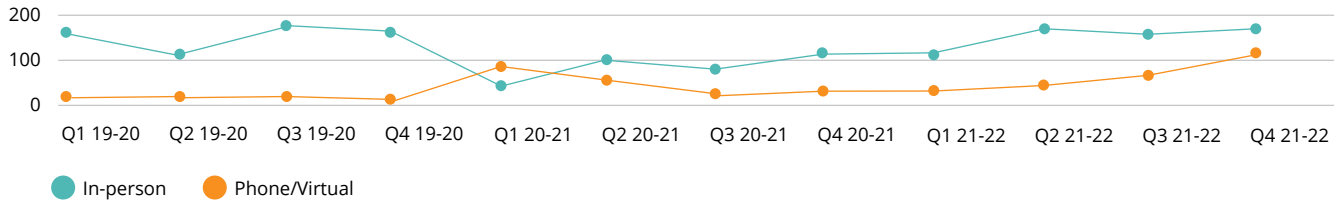
Clinical Services



Clinical Services

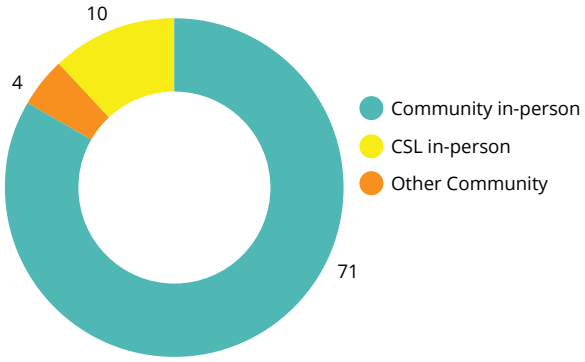


MD/NP Encounters in last 3 years

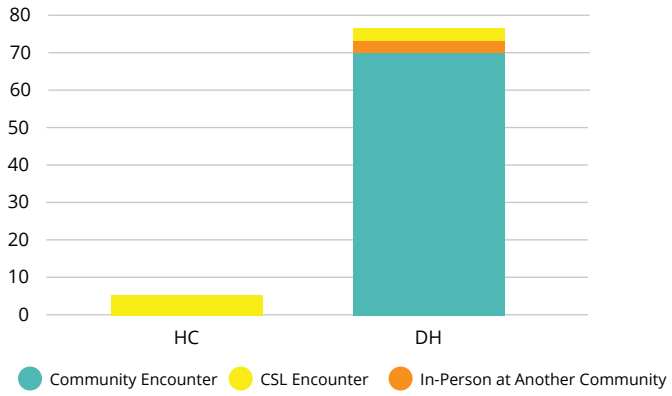


Top 10 Health issues	
Diabetes Mellitus Type 2	Abdominal Pain
Hypertension	Fear / Concern about COVID-19
Confirmed Case COVID-19	GERD
Anxiety	Rash
Prenatal Care (Routine)	Back Pain

Program Services



Program Services



Health Promotion & Cultural Activities	Top 5 activities	
Total: 30 activities, 355 participants	Oral Health - Varnish	BBB School Youth
	Active living	Pre and postnatal
	Pre and postnatal	

**per GoC First Nation Profiles December 2022 Population Profile*

NORTHWEST ANGLE #33A – DOG PAW LAKE

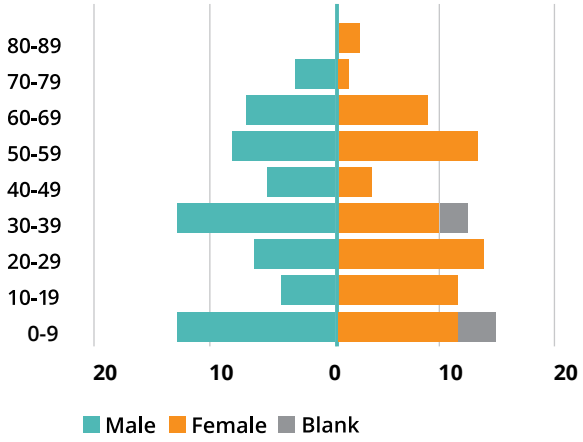
In community population* 226

Most recent visit NWAA: 2021/22 -55%, 2020/21 - 4%, 2019/20 - 3%

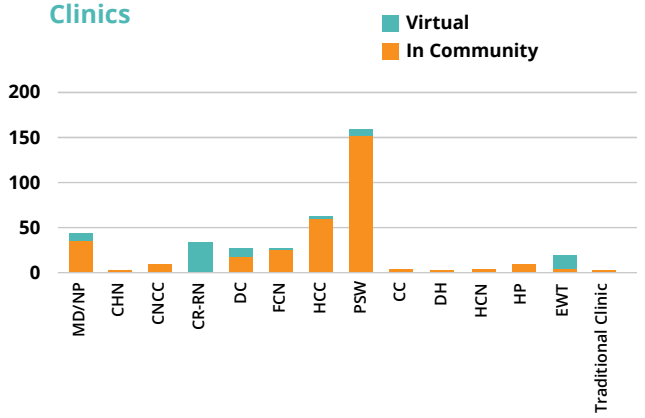
Most recent visit NWAB: 2021/22 -33%, 2020/21 - 4%, 2019/20 - 0%

Registered clients:	141	Avg encounters per client:	10.25
Active clients:	126	MD/NP Community Clinics:	38
Total encounters:	1292	MD/NP Virtual Clinics:	8

Active Client Profile

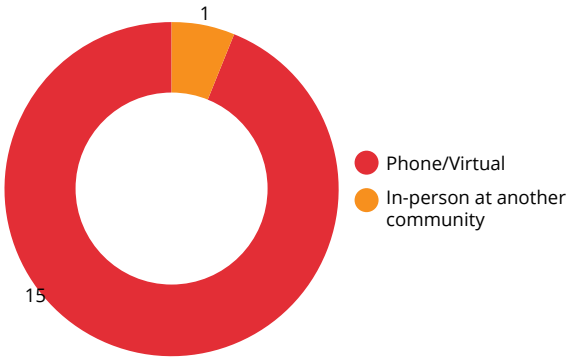


Clinics

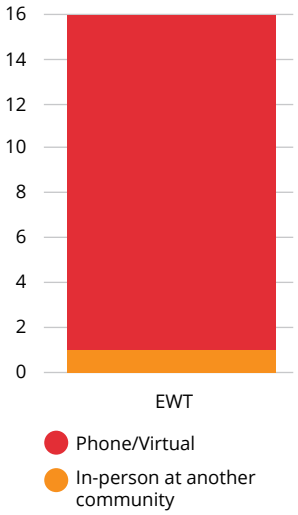


CLIENT ENCOUNTERS

Healing Services

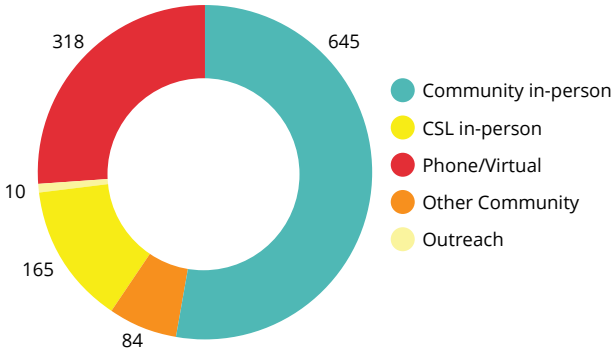


Healing Services

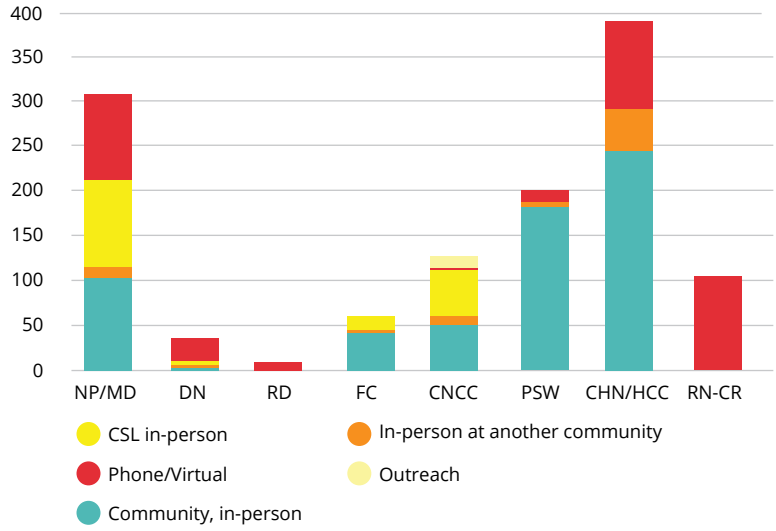


Top 10 emotional issues
Feeling Overwhelmed
Problems with Existing Housing
Stressful Workplace
Feeling Stressed Out
PTSD
Visit for Advice on Prevention of Diabetes
Fear / Concern about COVID-19
Feeling Anxious
Fear / Concern with Medication Side Effects
Feeling Emotional

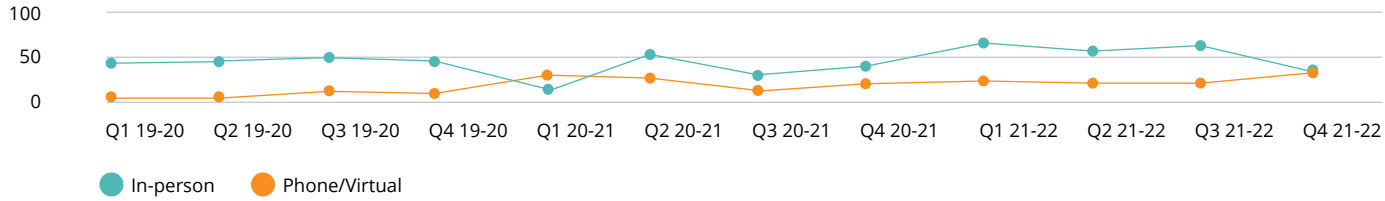
Clinical Services



Clinical Services

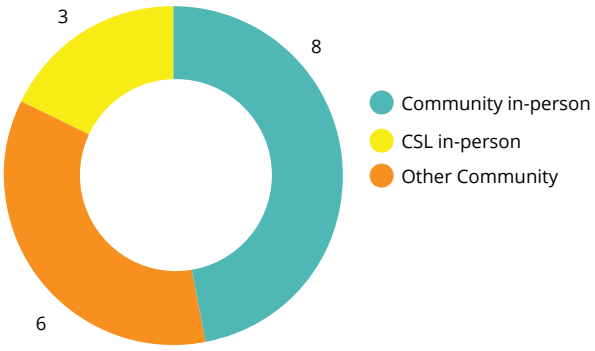


MD/NP Encounters in last 3 years

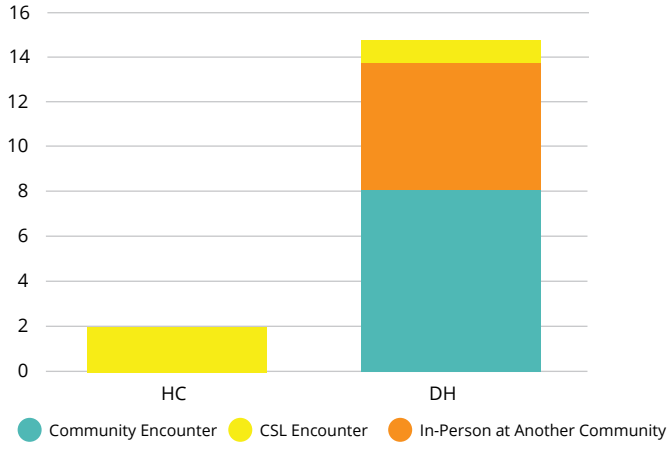


Top 10 Health issues	
Hypertension	Anxiety
Depression	Fear / Concern about COVID-19
Diabetes Mellitus Type 2	Family Planning
Simple Wart(s)	GERD
Confirmed Case COVID-19	Eczema

Program Services



Program Services



Health Promotion & Cultural Activities	Top activities
Total: 3 activities, 47 participants	Vaccine Clinic
	Oral Health - Varnish

*per GoC First Nation Profiles December 2022 Population Profile

**More clients seen than living in community

NORTHWEST ANGLE #33B – ANGLE INLET

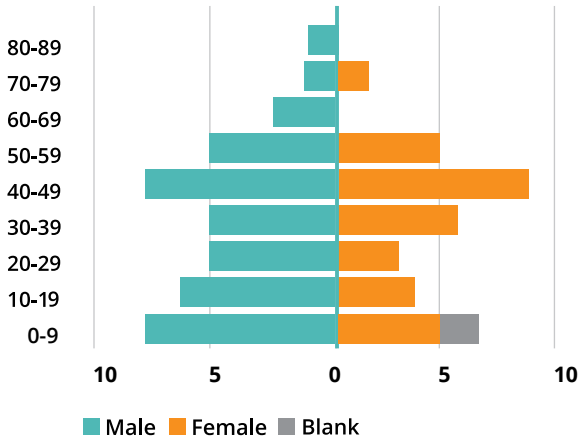
In community population* 226

Most recent visit NWAA: 2021/22 -55%, 2020/21 - 4%, 2019/20 - 3%

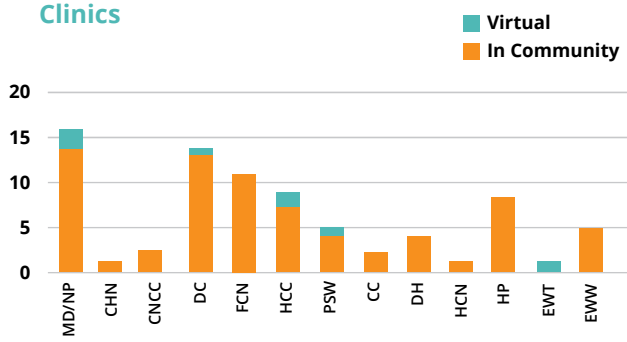
Most recent visit NWAB: 2021/22 -33%, 2020/21 - 4%, 2019/20 - 0%

Registered clients:	87	Avg encounters per client:	8.17
Active clients:	76	MD/NP Community Clinics:	14
Total encounters:	621	MD/NP Virtual Clinics:	2

Active Client Profile

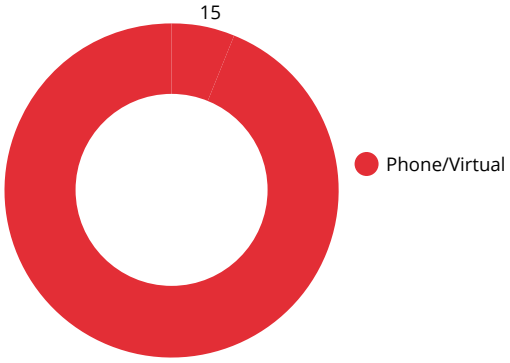


Clinics

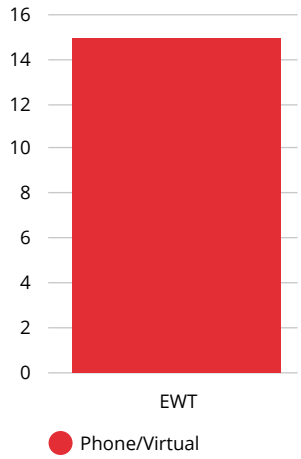


CLIENT ENCOUNTERS

Healing Services

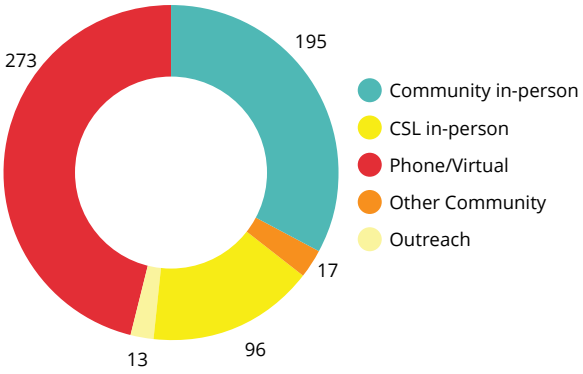


Healing Services

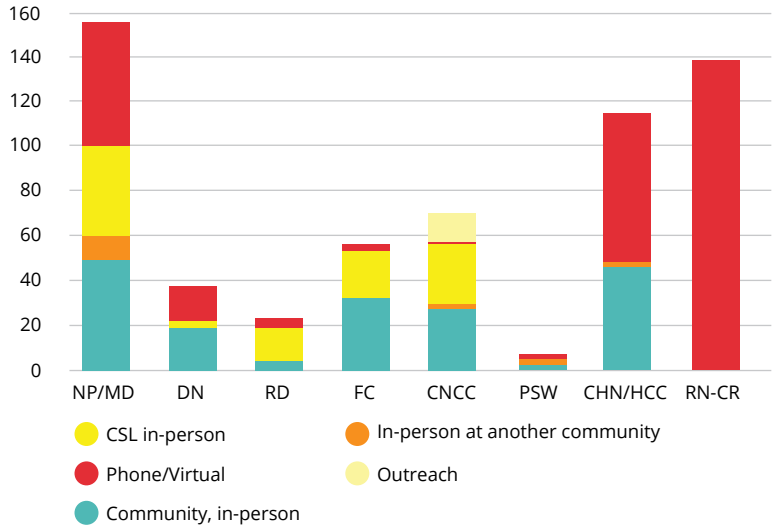


Top 10 emotional issues
Feeling Overwhelmed
Grief Reaction
Feeling Stressed Out
Feeling Emotional
Visit for Crisis Counselling
Loss or Death of Family Member
Feeling Frustrated
Memory Loss
Family Stress
Feeling Angry

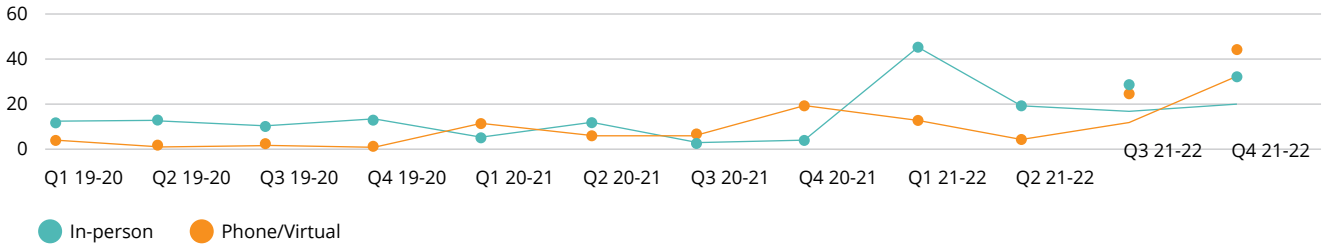
Clinical Services



Clinical Services

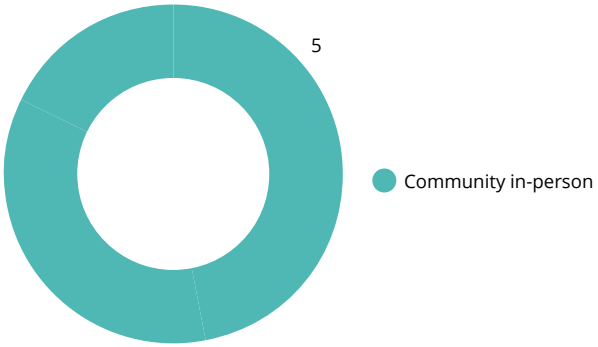


MD/NP Encounters in last 3 years

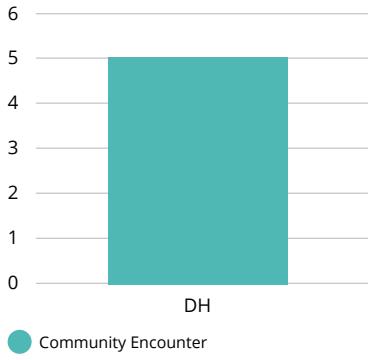


Top 10 Health issues	
Visit for Preventive Immunizations / Medications	Hypertension
Fear / Concern about COVID-19	(Confirmed) Pregnancy
Diabetes Mellitus Type 2	Upper Respiratory Infection (Acute)
Depression	Anxiety
Scabies	GERD

Program Services



Program Services



Health Promotion & Cultural Activities	Top activities
Total: 3 activities, 11 participants	Nutrition Programing
	Oral Health - Varnish

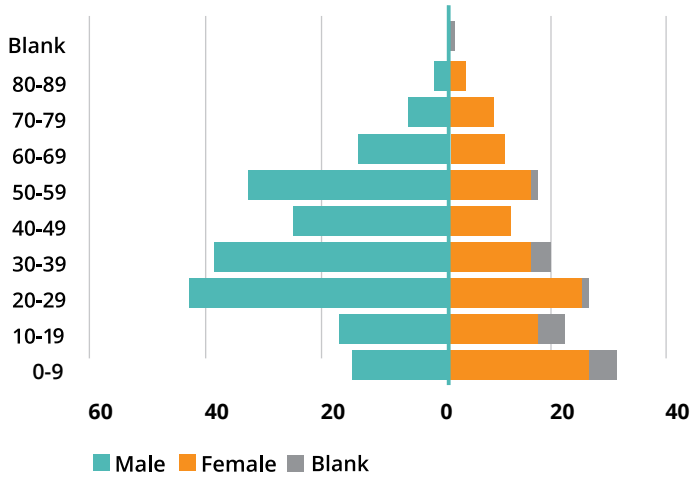
**per GoC First Nation Profiles December 2022 Population Profile*

SHOAL LAKE #40

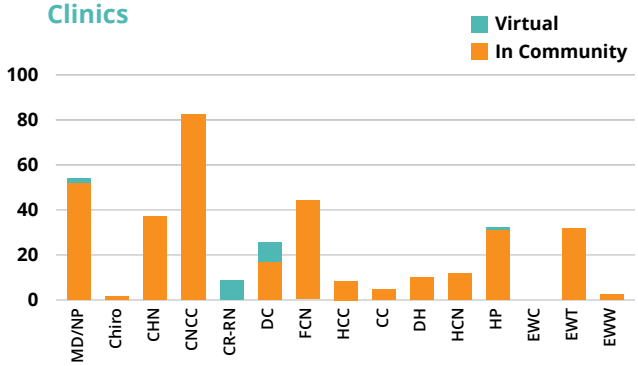
In community population*	293
Most recent visit:	2021/22 -91%, 2020/21 - 5%, 2019/20 - 4%

Registered clients:	338	Avg encounters per client:	5.42
Active clients:	307	MD/NP Community Clinics:	49
Total encounters:	1665	MD/NP Virtual Clinics:	3

Active Client Profile

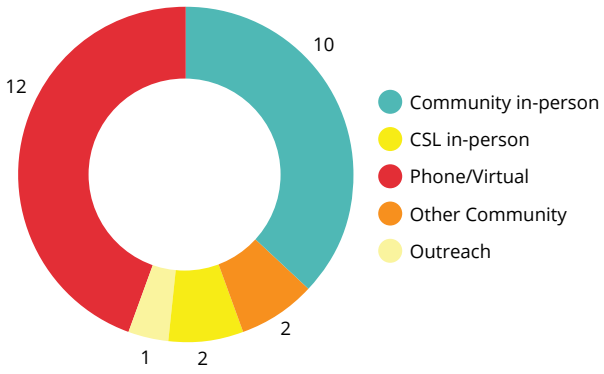


Clinics

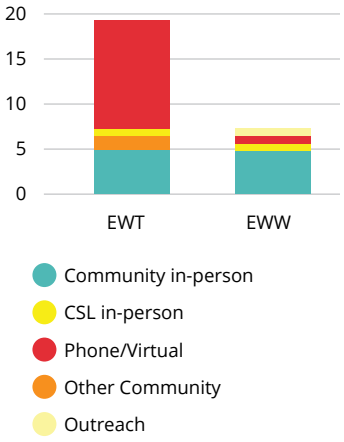


CLIENT ENCOUNTERS

Healing Services

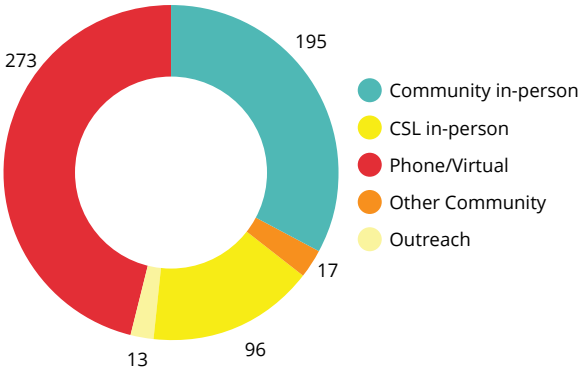


Healing Services

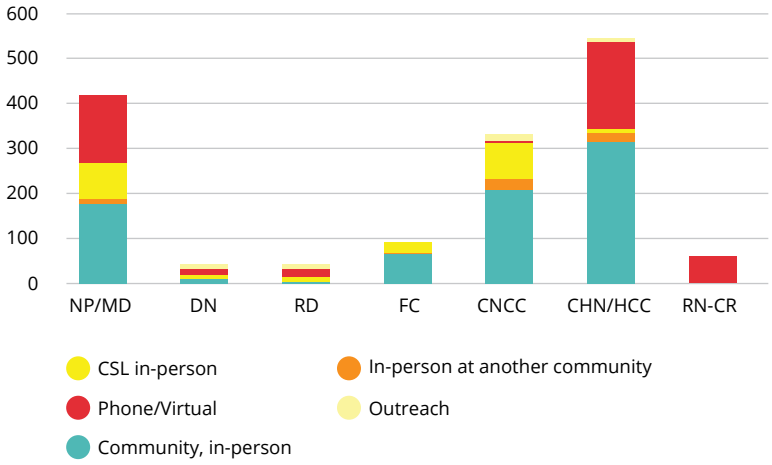


Top emotional issues
Visit for Prescription Renewal
Feeling Stressed Out
Anxiety
Multiple Substance Addiction
Alcohol Abuse
Feeling Overwhelmed

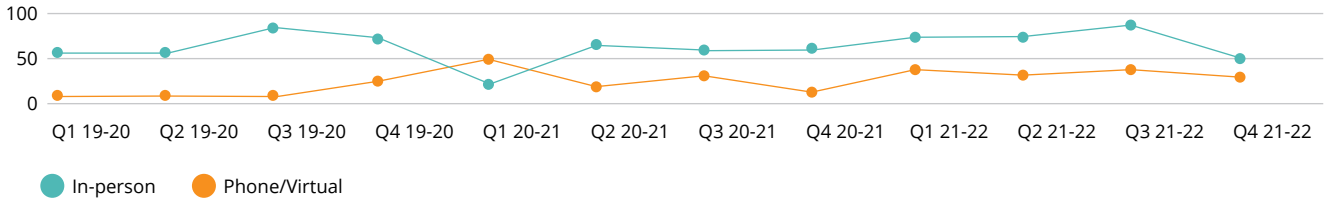
Clinical Services



Clinical Services

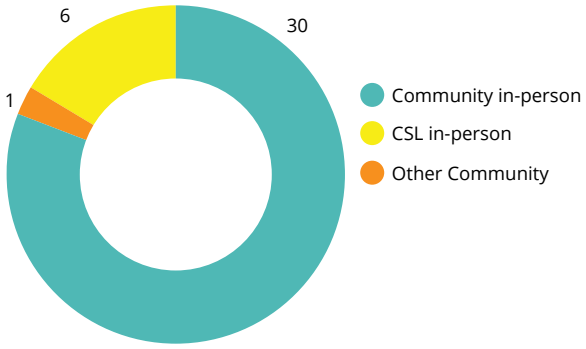


MD/NP Encounters in last 3 years

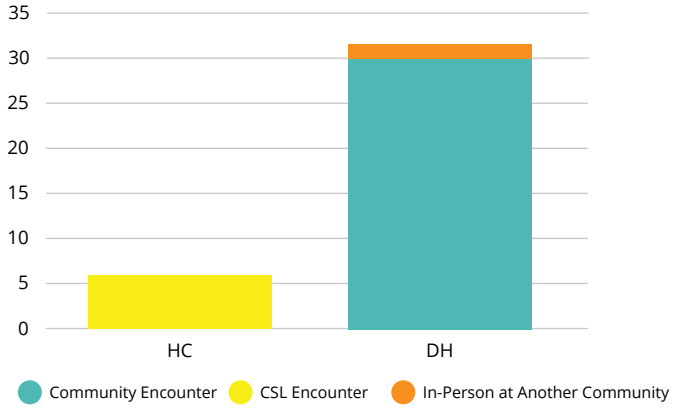


Top 10 Health issues	
Hypertension	Confirmed Case COVID-19
Diabetes Mellitus Type 2	Eczema
Anxiety	Abdominal Pain
Upper Respiratory Infection (Acute)	Back Pain
Depression	Cellulitis

Program Services



Program Services



Health Promotion & Cultural Activities	Top 5 activities	
Total: 14 activities, 178 participants	Community Food Kits	Community Programming
	Varnish	Wreath Making Contest
	Well Baby	

**per GoC First Nation Profiles December 2021 Population Profile*

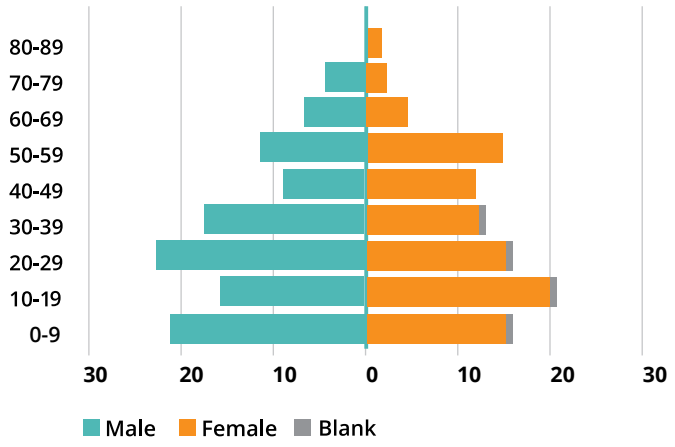
WASHAGAMIS BAY

In community population* 153

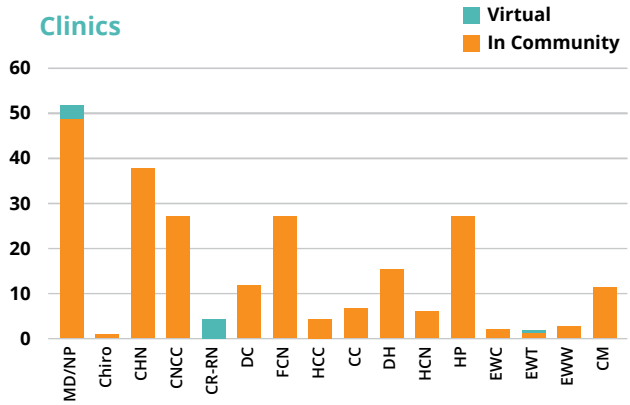
Most recent visit: 2021/22 -81%, 2020/21 - 16%, 2019/20 - 3%

Registered clients:	212	Avg encounters per client:	8.64
Active clients:	171	MD/NP Community Clinics:	49
Total encounters:	1477	MD/NP Virtual Clinics:	3

Active Client Profile

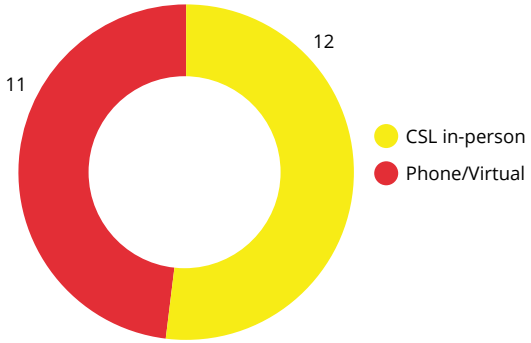


Clinics

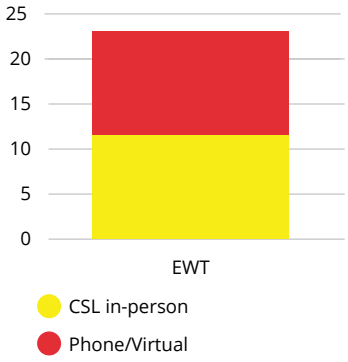


CLIENT ENCOUNTERS

Healing Services

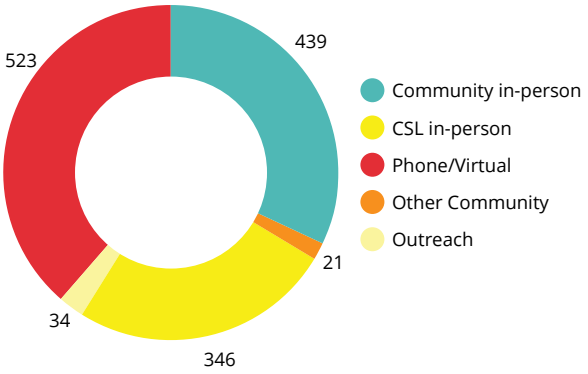


Healing Services

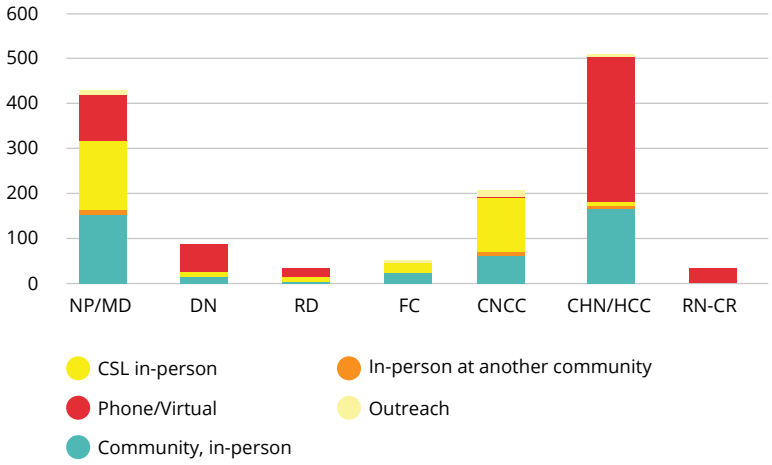


Top emotional issues
Feeling Overwhelmed
Anxiety
Feeling Anxious
Visit for traditional teaching
Grief Reaction
Relationship Problem
Panic Attacks
Feeling Irritable
Multiple Emotional Feelings
Feeling Stressed Out

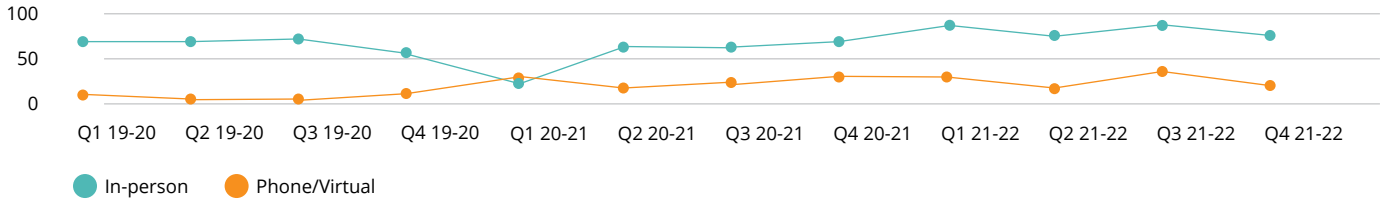
Clinical Services



Clinical Services

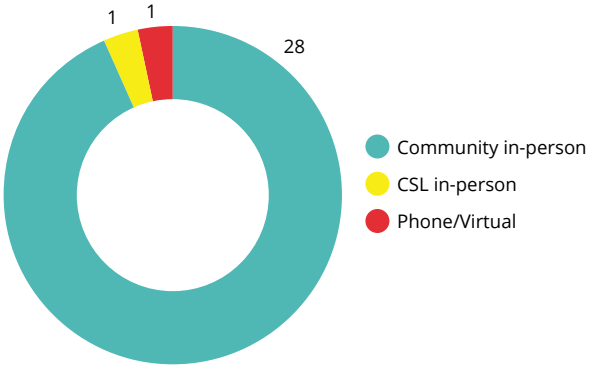


MD/NP Encounters in last 3 years

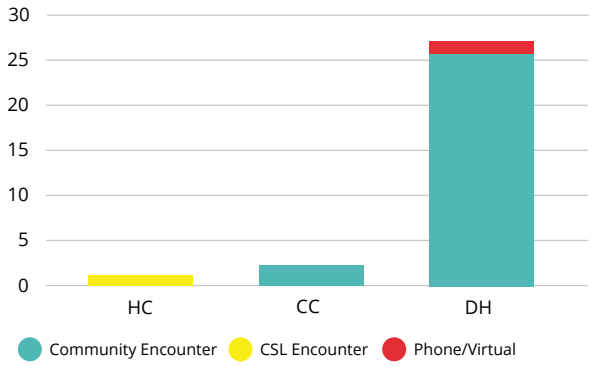


Top 10 Health issues	
Diabetes Mellitus Type 2	Insomnia
Confirmed Case COVID-19	GERD
Depression	Lower Urinary Tract Infection
Anxiety	Chronic Back Pain
Hypertension	Anemia

Program Services



Program Services



Health Promotion & Cultural Activities	Top 5 activities	
Total: 25 activities, 428 participants	Sweatlodge	Oral Health - Varnish
	Full Moon Ceremonies	Parenting Group
	Shane Patterson Traditional Clinic	

**per GoC First Nation Profiles December 2022 Population Profile*
***More clients seen than living in community*

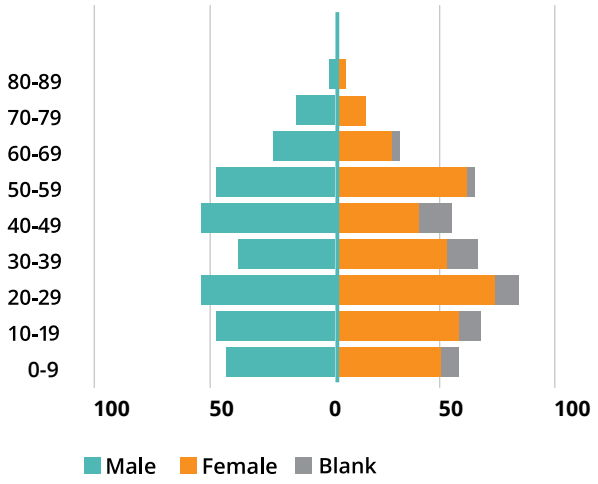
WABASEEMOONG INDEPENDENT NATIONS

In community population* 1001

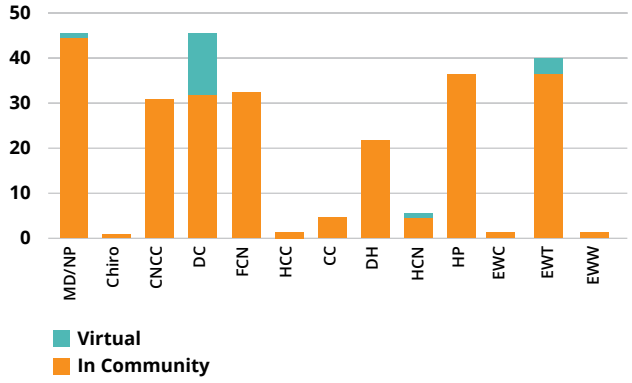
Most recent visit: 2021/22 -40%, 2020/21 - 32%, 2019/20 - 3%, Not Seen - 25%

Registered clients:	747	Avg encounters per client:	3.23
Active clients:	397	MD/NP Community Clinics:	45
Total encounters:	1284	MD/NP Virtual Clinics:	1

Active Client Profile

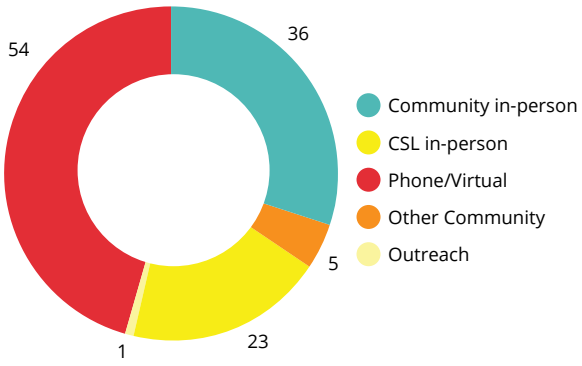


Clinics

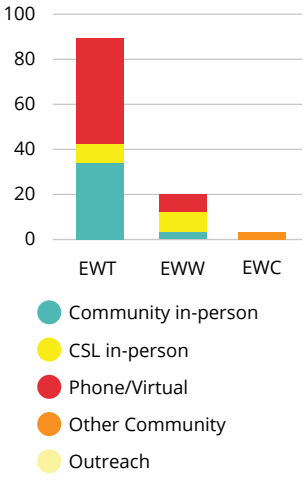


CLIENT ENCOUNTERS

Healing Services

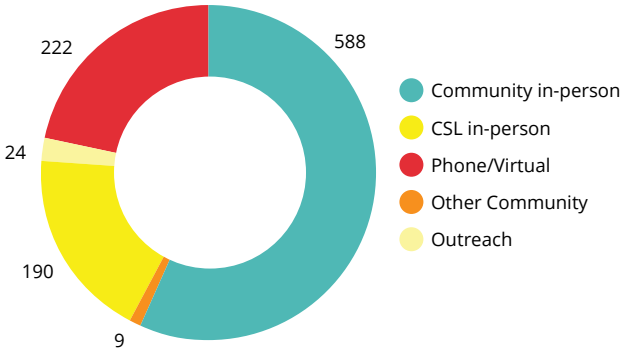


Healing Services

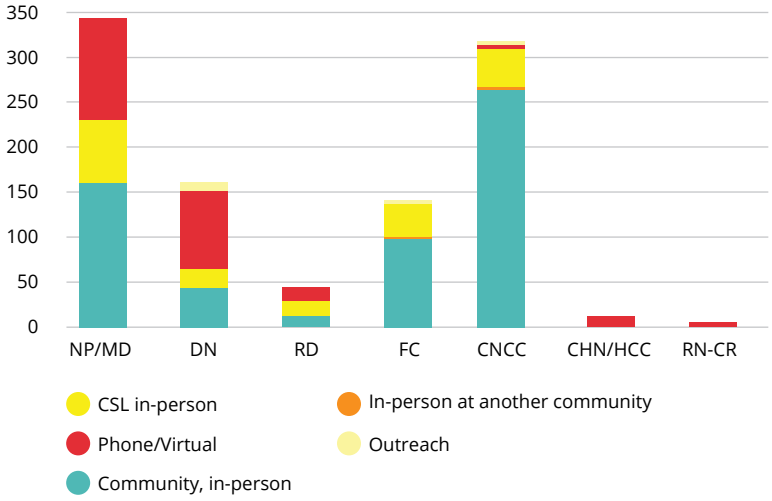


Top emotional issues
Family Stress
Anxiety
Feeling Stressed Out
Feeling Overwhelmed
Depression
Grief Reaction
PTSD
Relationship Problem
Feeling Emotional
Alcohol Abuse

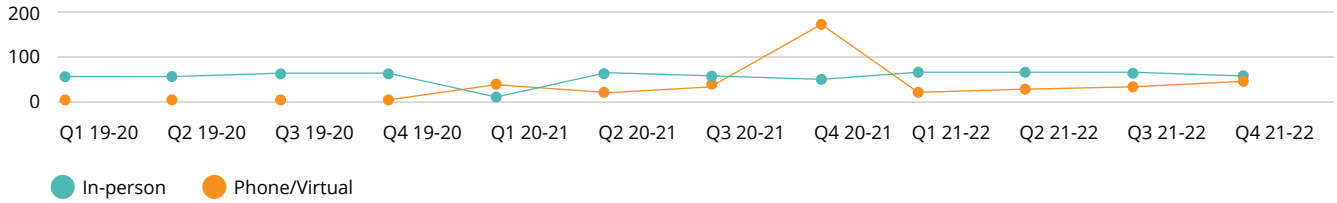
Clinical Services



Clinical Services

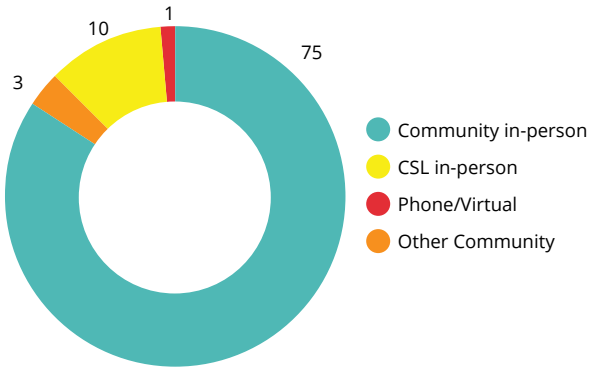


MD/NP Encounters in last 3 years

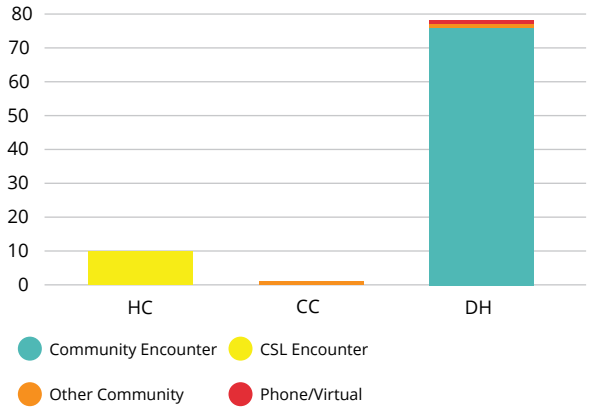


Top 10 Health issues	
Diabetes Mellitus Type 2	Urinary Tract Infection
Hypertension	Knee Pain
Confirmed Case COVID-19	Anemia
Anxiety	Constipation
Depression	Grief Reaction

Program Services



Program Services



Health Promotion & Cultural Activities	Top 5 activities	
Total: 25 activities, 428 participants	Sweatlodge	Oral Health - Varnish
	Full Moon Ceremonies	Parenting Group
	Shane Patterson Traditional Clinic	

**per GoC First Nation Profiles December 2022 Population Profile*
***More clients seen than living in community*

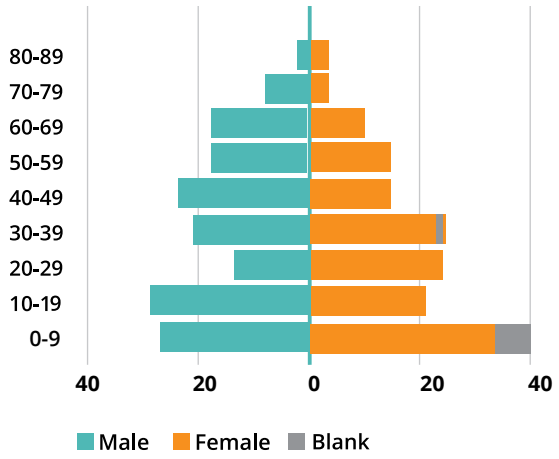
WAUZHUSHK ONIGUM NATION

In community population* 393

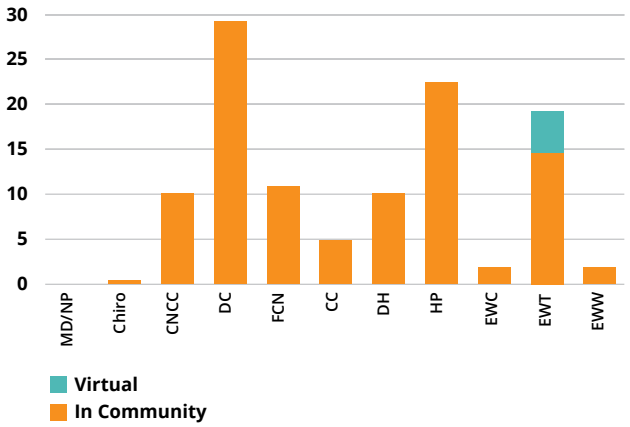
Most recent visit: 2021/22 -55%, 2020/21 - 14%, 2019/20 - 10%, Not Seen - 21%

Registered clients:	309	Avg encounters per client:	4.19
Active clients:	216	MD/NP Community Clinics:	
Total encounters:	906	MD/NP Virtual Clinics:	0

Active Client Profile

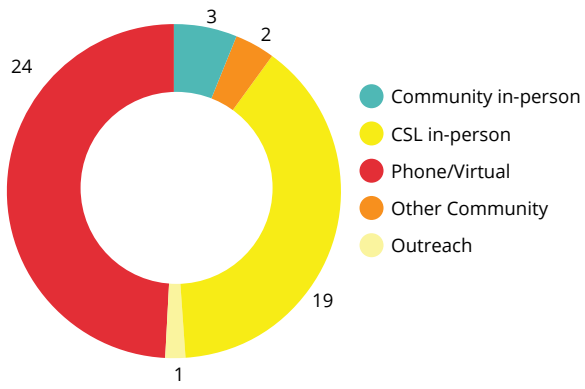


Clinics

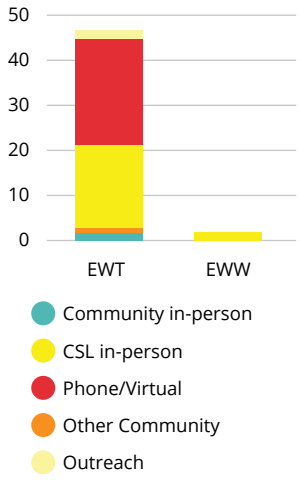


CLIENT ENCOUNTERS

Healing Services

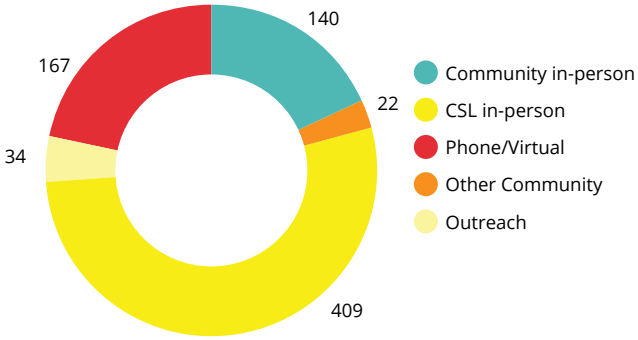


Healing Services

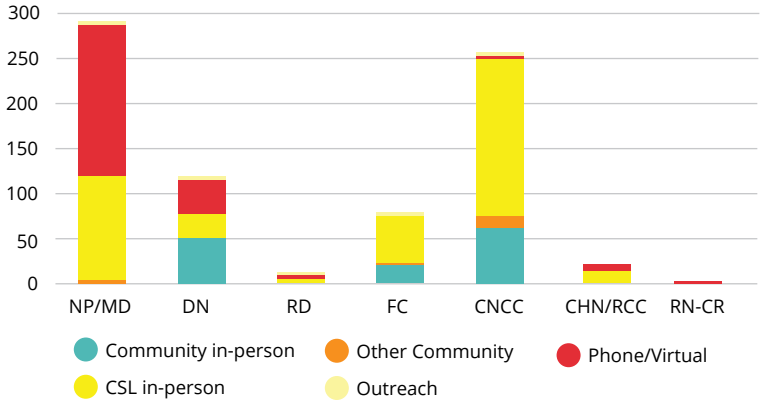


Top emotional issues
Anxiety
Feeling Overwhelmed
Family Stress
Relationship Problem
Depression
PTSD
Anger Management Problem
Emotional Lability
Suicidal Ideation
Trauma

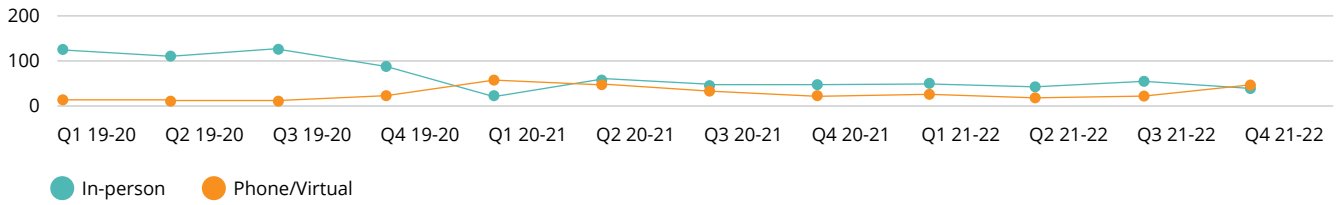
Clinical Services



Clinical Services

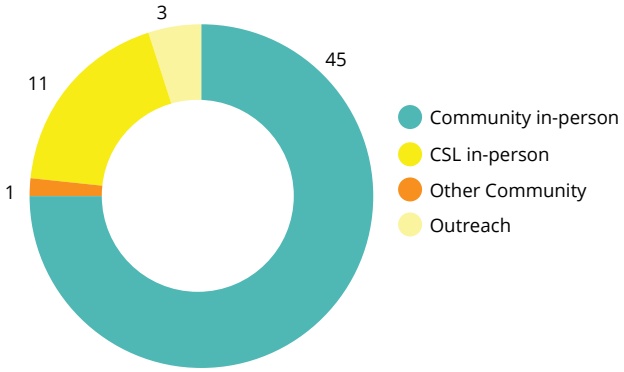


MD/NP Encounters in last 3 years

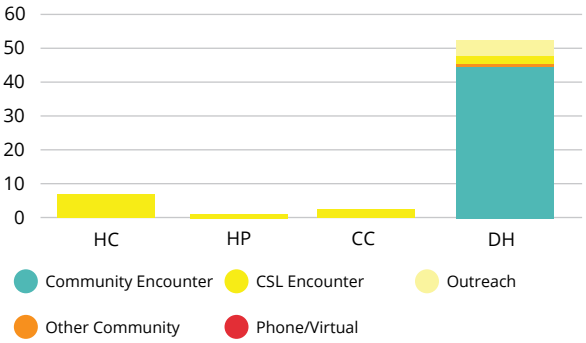


Top 10 Health issues	
Anxiety	Confirmed Case COVID-19
Diabetes Mellitus Type 2	Visit for Preventive Immunizations / Medications
Depression	GERD
Hypertension	Fear / Concern about COVID-19
Upper Respiratory Infection (Acute)	Acne Vulgaris

Program Services



Program Services



Health Promotion & Cultural Activities	Top 5 activities
Total: 16 activities, 241 participants	First Aid CPR C
	Oral Health - Varnish
	Infection Control Booth

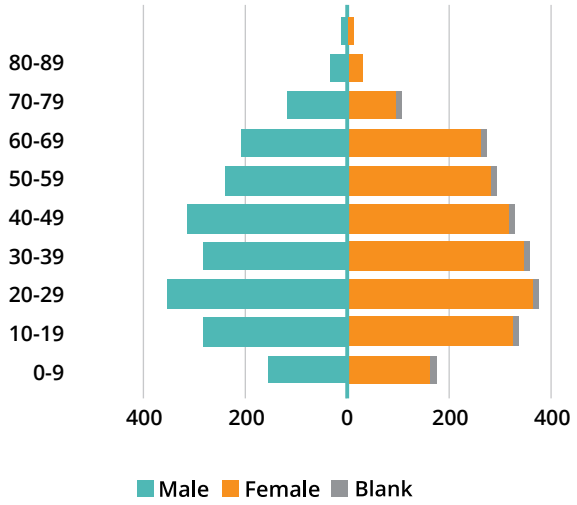
**per GoC First Nation Profiles December 2022 Population Profile*

KENORA

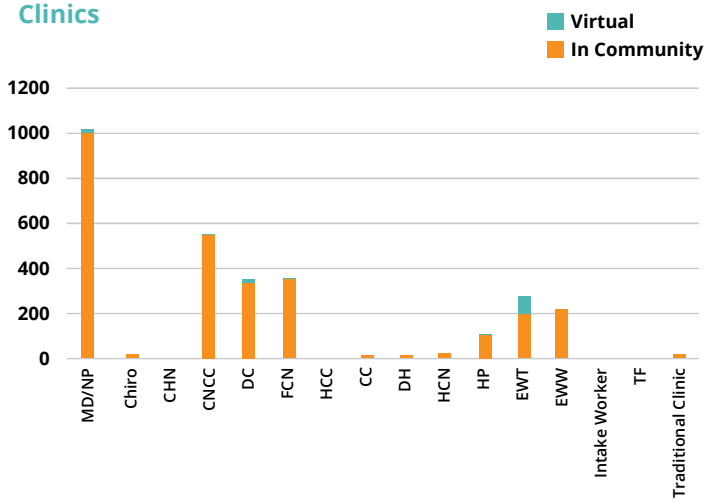
Most recent visit: 2021/22 -78%, 2020/21 - 12%, 2019/20 - 10%

Registered clients:	4225	Avg encounters per client:	4.12
Active clients:	3280	MD/NP Community Clinics:	1001
Total encounters:	13506	MD/NP Virtual Clinics:	55

Active Client Profile

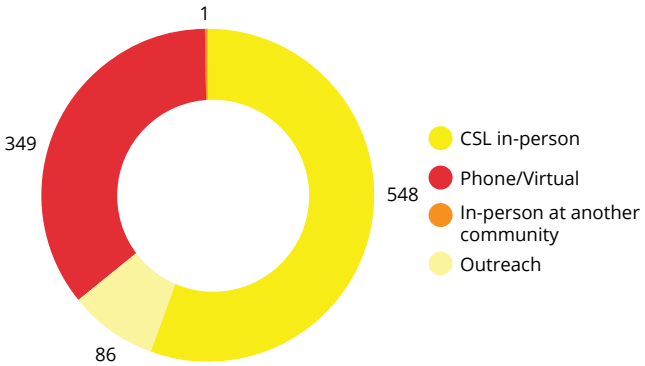


Clinics

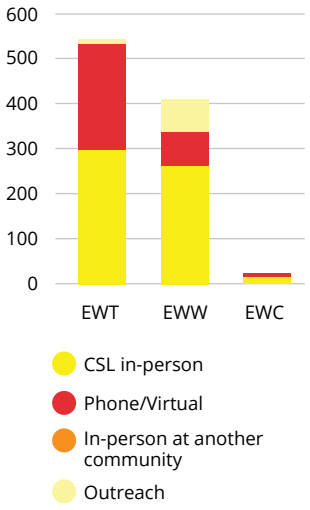


CLIENT ENCOUNTERS

Healing Services

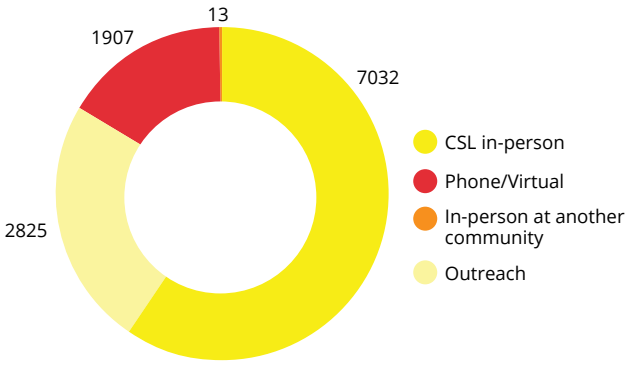


Healing Services

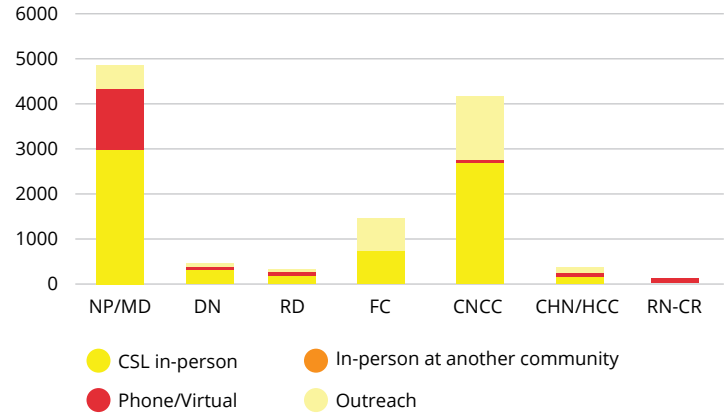


Top 10 emotional issues
Anxiety
Depression
Feeling Overwhelmed
Feeling Stressed Out
Feeling Anxious
Multiple Substance Addiction
Grief Reaction
Relationship Problem
Family Stress
PTSD

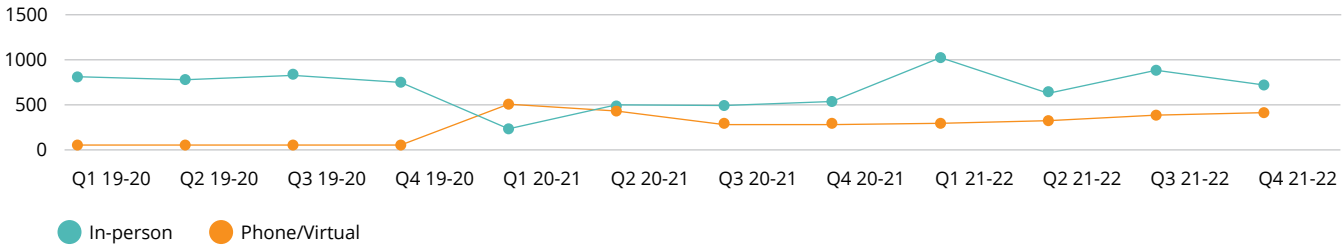
Clinical Services



Clinical Services

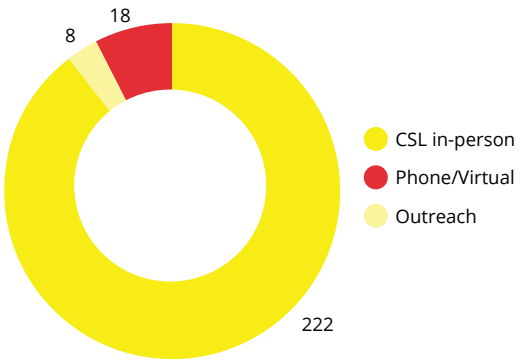


MD/NP Encounters in last 3 years

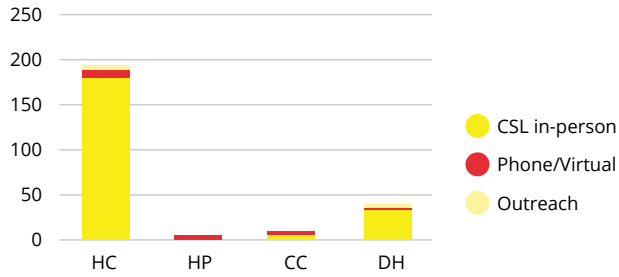


Top 10 health issues	
Visit for Preventive Immunizations / Medications	Confirmed Case COVID-19
Diabetes Mellitus Type 2	GERD
Hypertension	Opiate Replacement Therapy
Anxiety	ADHD
Depression	Hypothyroidism

Program Services



Program Services



Health Promotion & Cultural Activities	Top activities	Top virtual care activities
Total: 95 activities, 2,371 participants	Urban Vaccine Clinics	HEAL, Virtual
	Cultural Teachings/Programming	Traditional Knowledge Keeper Online Series
	First Aid and CPR	Winter Storytelling Series
	Care/Activity Packages-Isolation Centre	Oral Health Program Promotion
	Ribbon Skirt Making	Smoking Cessation

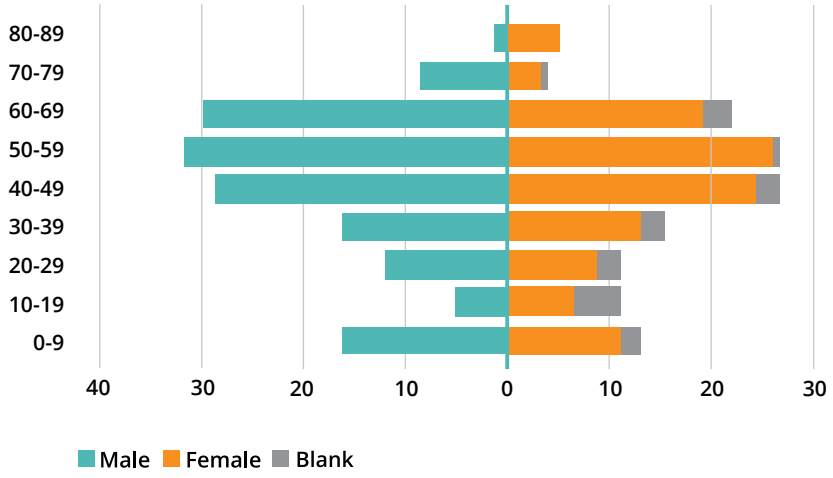
**per GoC First Nation Profiles December 2022 Population Profile*

MINAKI

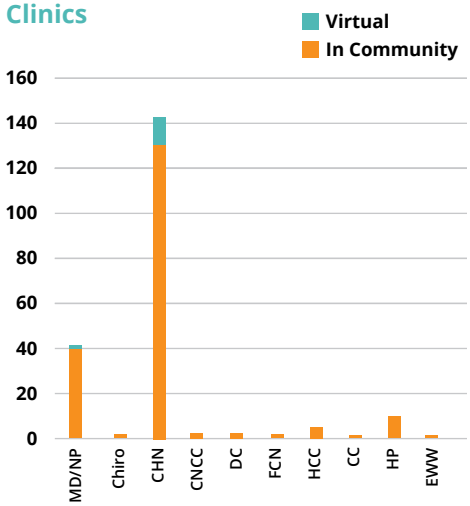
Most recent visit: 2021/22 -76%, 2020/21 - 12%, 2019/20 - 12%

Registered clients:	298	Avg encounters per client:	6.26
Active clients:	226	MD/NP Community Clinics:	41
Total encounters:	1414	MD/NP Virtual Clinics:	1

Active Client Profile

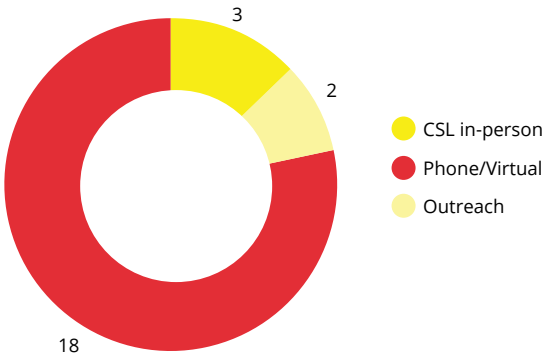


Clinics

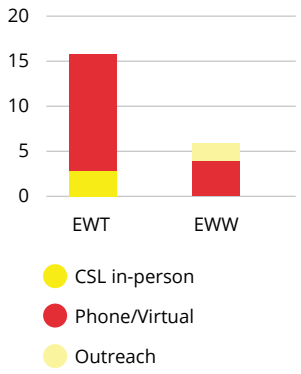


CLIENT ENCOUNTERS

Healing Services

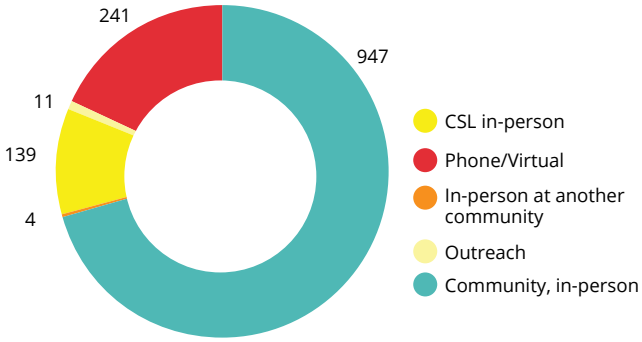


Healing Services

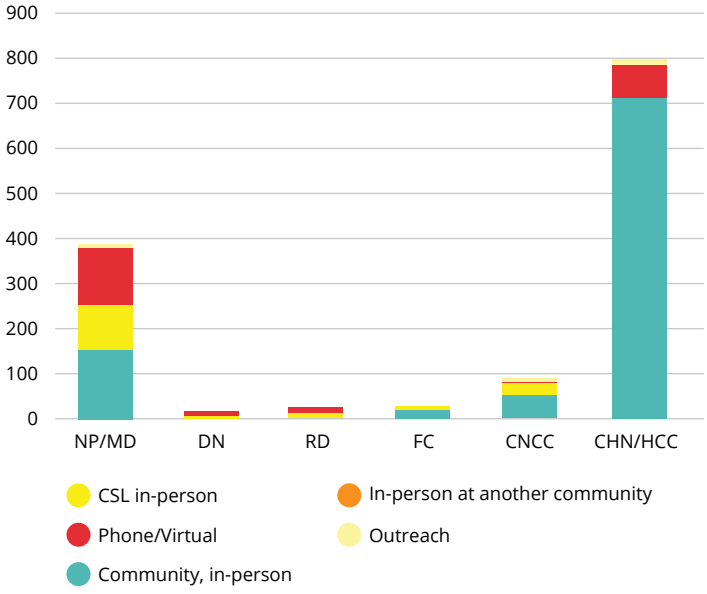


Top 10 emotional issues
Depression
Feeling Stressed Out
Feeling Overwhelmed
Trauma
Grief Reaction
Visit for Screening
Divorce
Feeling Depressed
Anxiety
Visit for Crisis Counselling

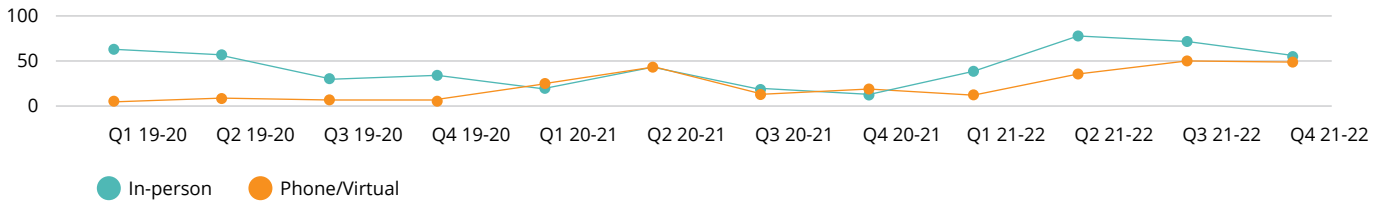
Clinical Services



Clinical Services

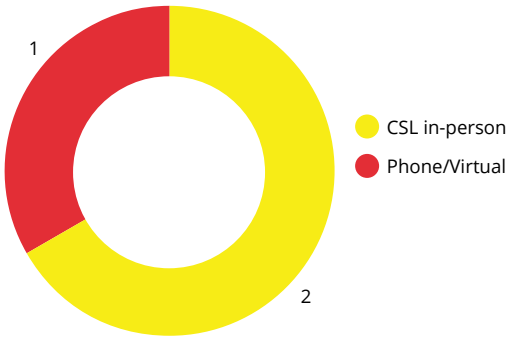


MD/NP Encounters in last 3 years

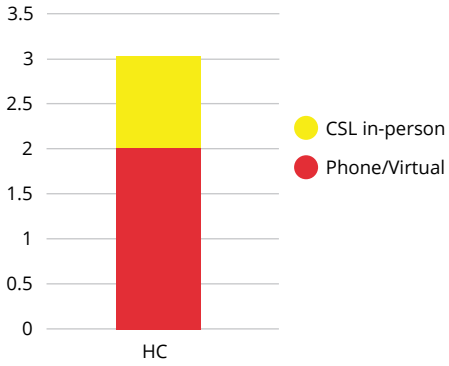


Top 10 Health issues	
Hypertension	Chronic Hepatitis C
Visit for Preventive Immunizations / Medications	Hyperlipidemia
Anxiety	Anemia
Cardiovascular System	Visit for Wound Care
Depression	Visit for Post-Operative Assessment / Follow-up

Program Services



Program Services



Health Promotion & Cultural Activities	Top activities
Total: 2 activities, 67 participants	Vaccine Clinics

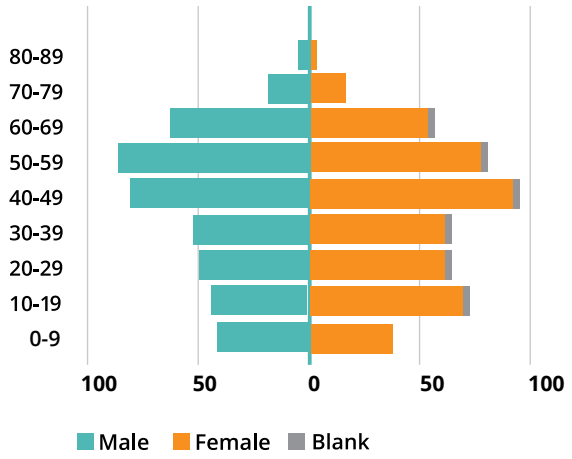
**per GoC First Nation Profiles December 2022 Population Profile*

DRYDEN

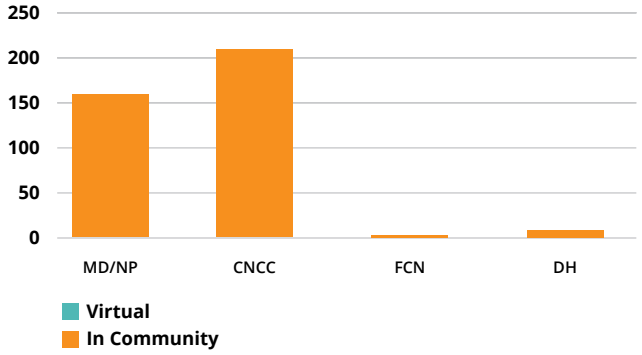
Most recent visit: 2021/22 -91%, 2020/21 - 5%, 2019/20 - 4%

Registered clients:	977	Avg encounters per client:	2.58
Active clients:	885	MD/NP Community Clinics:	169
Total encounters:	2285	MD/NP Virtual Clinics:	0

Active Client Profile

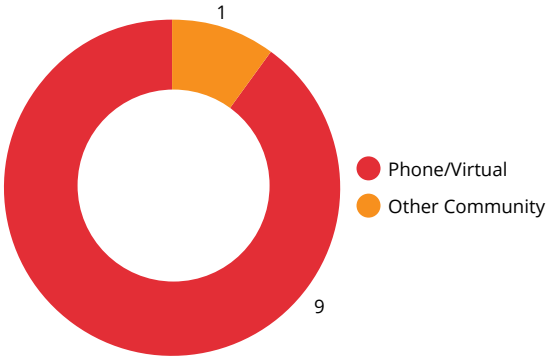


Clinics

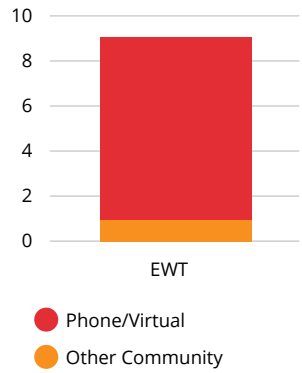


CLIENT ENCOUNTERS

Healing Services

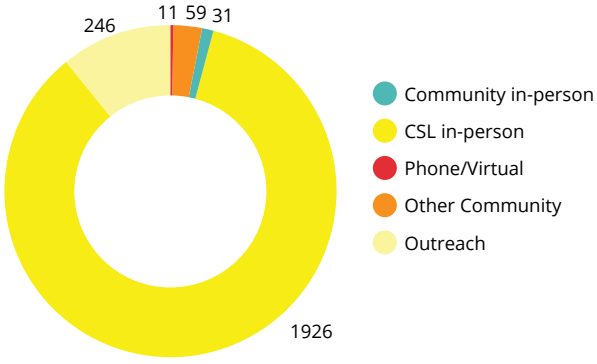


Healing Services

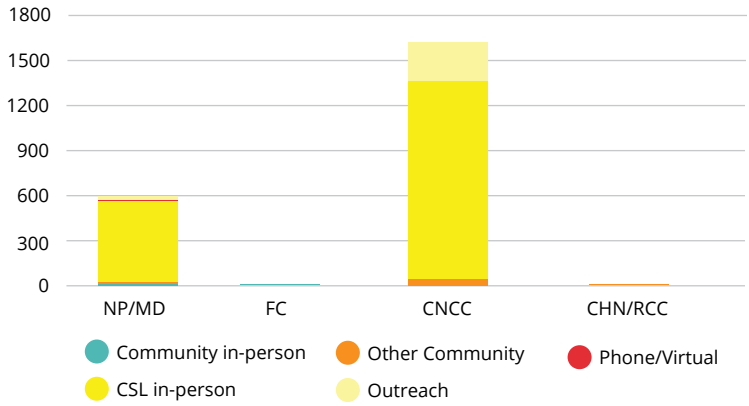


Top emotional issues
Anxiety
Trauma
Substance Abuse
Complicated Grief Reaction
Visit for Screening
Loss or Death of Family Member
Social Isolation

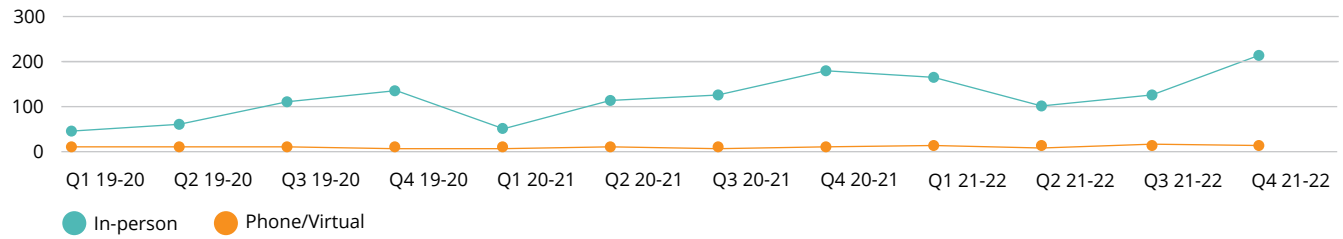
Clinical Services



Clinical Services



MD/NP Encounters in last 3 years



Top 10 Health issues	
Visit for Preventive Immunizations / Medications	Visit for Wound Care
Anxiety	Smoking Addiction
Hypertension	Alcohol Use Disorder
Diabetes Mellitus Type 2	GERD
Depression	ADHD

**per GoC First Nation Profiles December 2022 Population Profile*

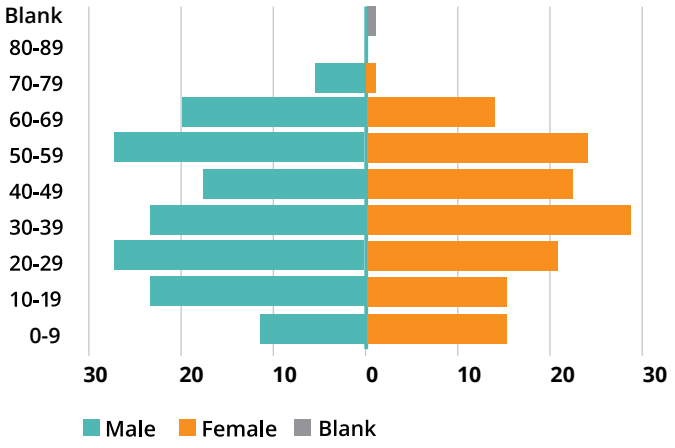
MIGISI SAHGAIGAN

In community population* 366

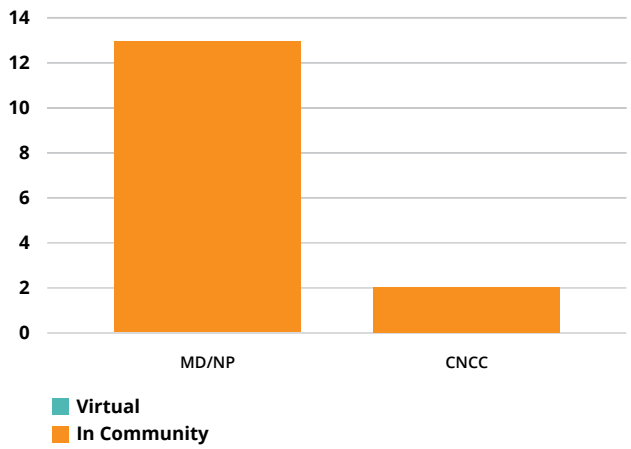
Most recent visit: 2021/22 -84%, 2020/21 - 3%, 2019/20 - 3%, Not Seen - 10%

Registered clients:	330	Avg encounters per client:	2.60
Active clients:	308	MD/NP Community Clinics:	13
Total encounters:	801	MD/NP Virtual Clinics:	0

Active Client Profile

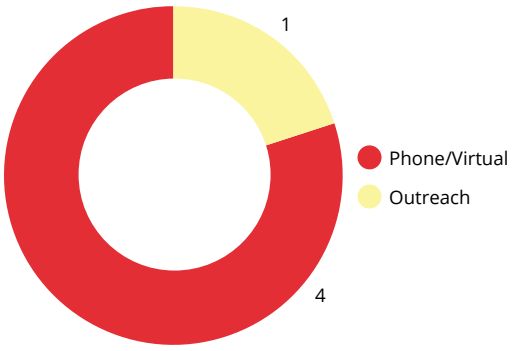


Clinics

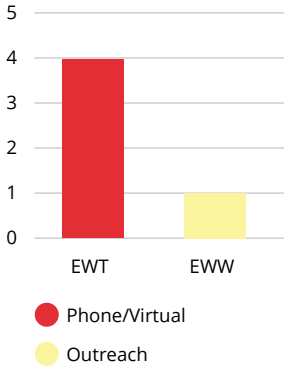


CLIENT ENCOUNTERS

Healing Services

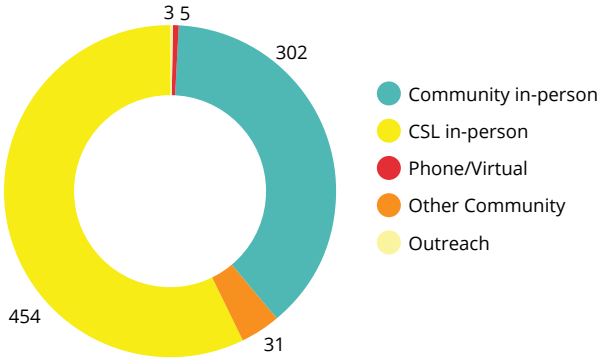


Healing Services

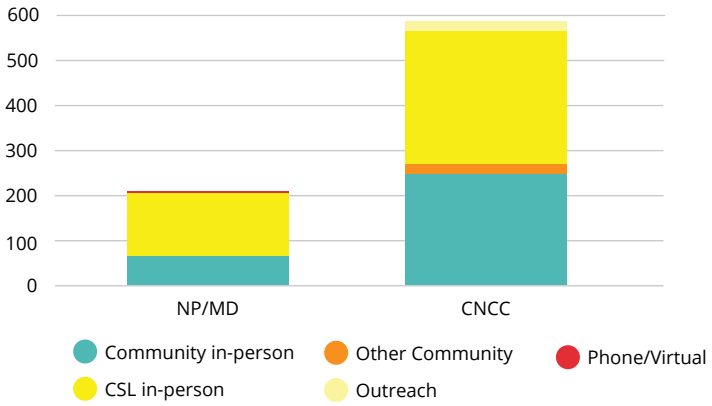


Top emotional issues
Grief Reaction
PTSD
Problem with Missing Personal Identification
Victim of Assault
Family Stress
Homeless with Safety Issues

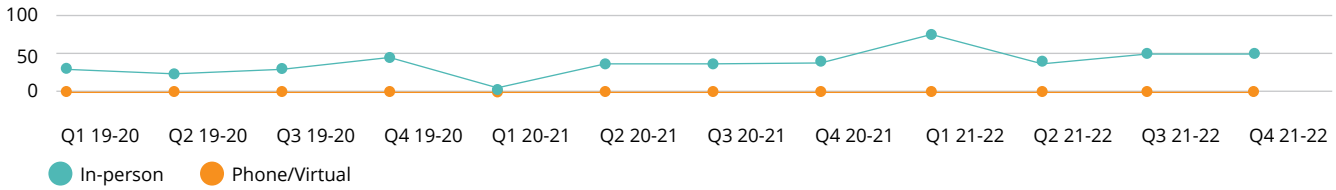
Clinical Services



Clinical Services



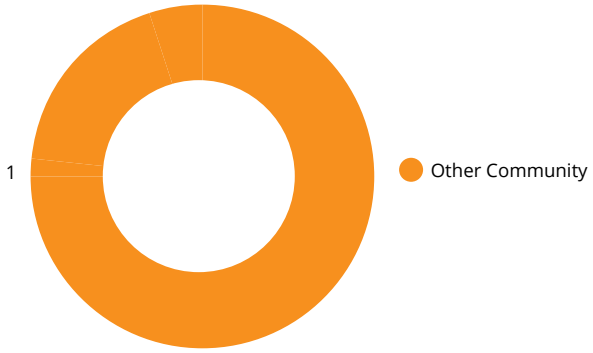
MD/NP Encounters in last 3 years



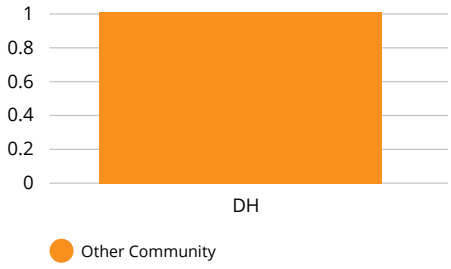
Top 10 Health issues	
Diabetes Mellitus Type 2	Prenatal Care (Routine)
Depression	Visit for Preventive Immunizations / Medications
Anxiety	Hypothyroidism
Smoking Addiction	Rash
Hypertension	Abdominal Pain

**per GoC First Nation Profiles December 2022 Population Profile*

Program Services



Program Services



**per GoC First Nation Profiles December 2022 Population Profile*

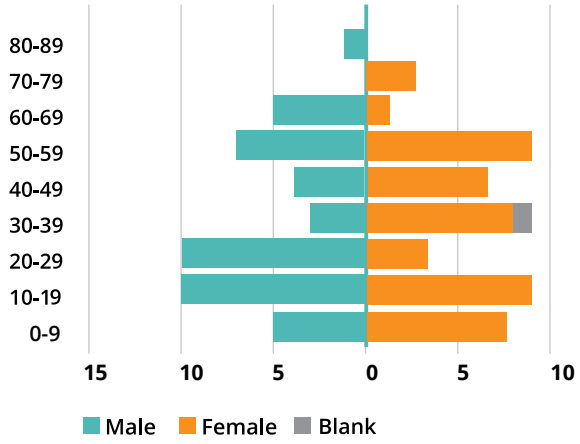
WABAUSKANG

In community population* 139

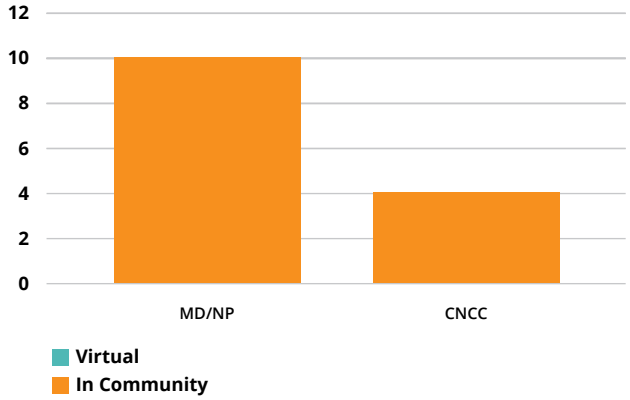
Most recent visit: 2021/22 -68%, 2020/21 - 3%, 2019/20 - 0%, Not Seen - 29%

Registered clients:	98	Avg encounters per client:	2.96
Active clients:	94	MD/NP Community Clinics:	10
Total encounters:	278	MD/NP Virtual Clinics:	0

Active Client Profile

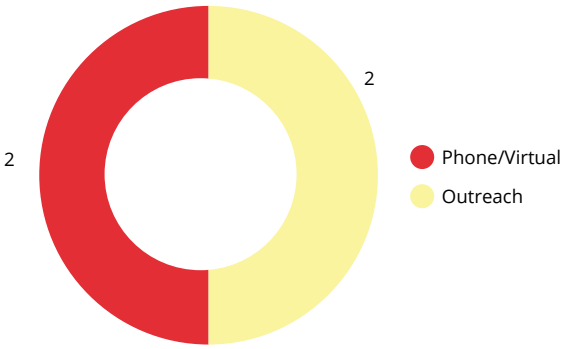


Clinics

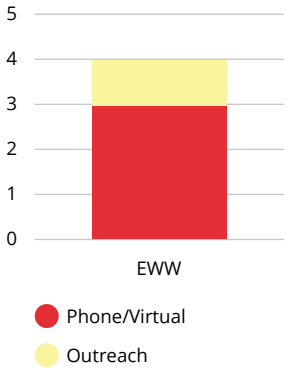


CLIENT ENCOUNTERS

Healing Services

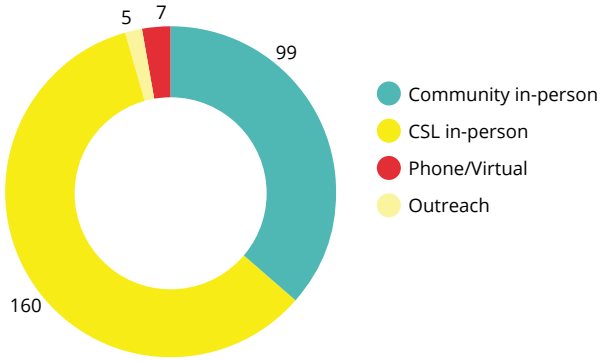


Healing Services

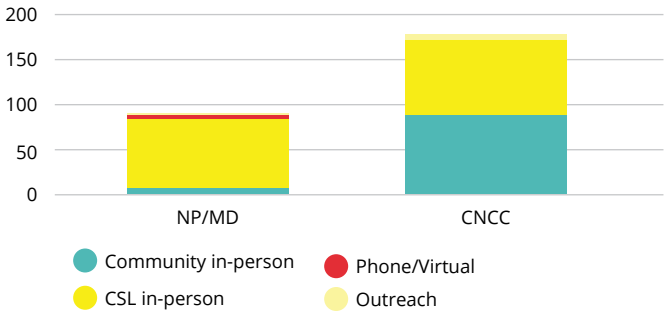


Top emotional issues
Depression
Waiting for Treatment
Substance Abuse
Anxiety
Domestic Abuse
Chronic Alcohol Abuse

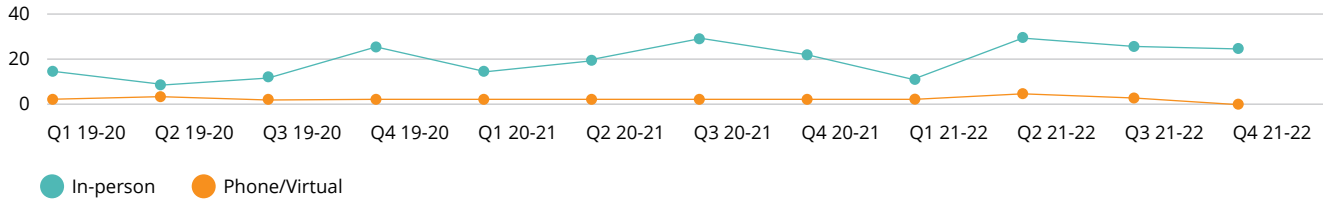
Clinical Services



Clinical Services

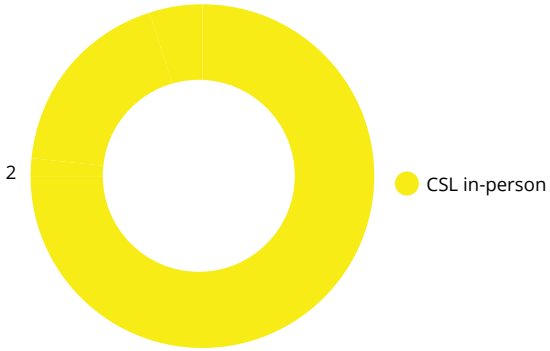


MD/NP Encounters in last 3 years

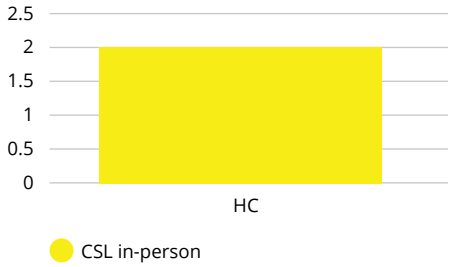


Top 10 Health issues	
Visit for Preventive Immunizations / Medications	Depression
Diabetes Mellitus Type 2	Smoking Addiction
Opiate Replacement Therapy	Opioid Addiction
Anxiety	Coronavirus-19 (COVID-19) Infection
Hip Pain	Confirmed Case COVID-19

Program Services



Program Services



**per GoC First Nation Profiles December 2022 Population Profile*

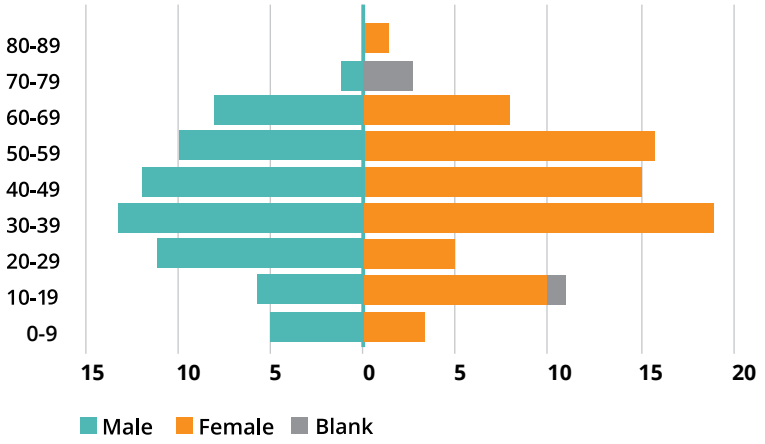
WABIGOON LAKE OJIBWAY NATION

In community population* 188

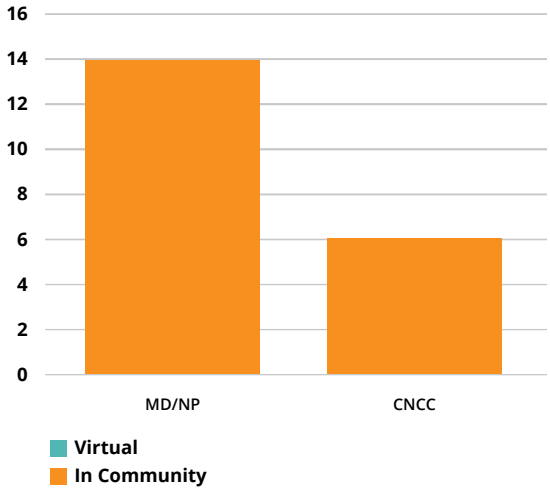
Most recent visit: 2021/22 -74%, 2020/21 - 3%, 2019/20 - 3%, Not Seen - 38%

Registered clients:	150	Avg encounters per client:	2.80
Active clients:	140	MD/NP Community Clinics:	14
Total encounters:	392	MD/NP Virtual Clinics:	0

Active Client Profile

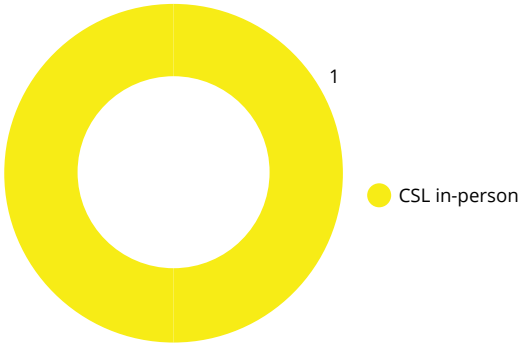


Clinics

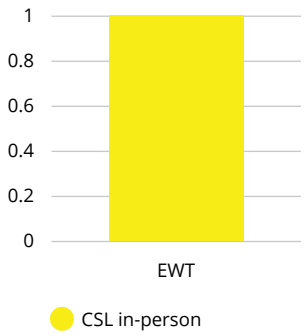


CLIENT ENCOUNTERS

Healing Services

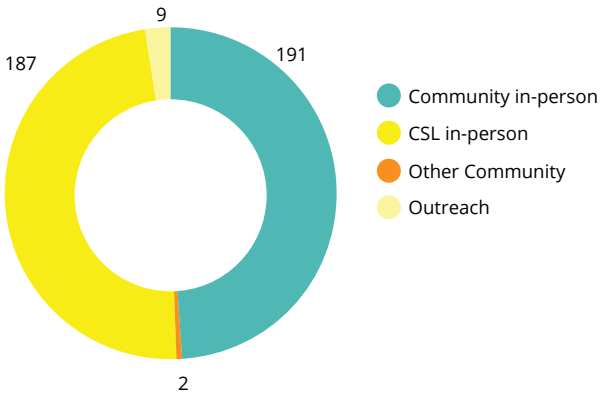


Healing Services

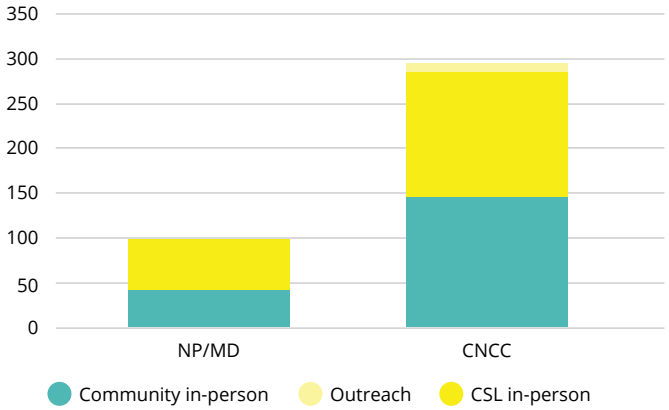


Top emotional issues
Visit for Counselling / Listening

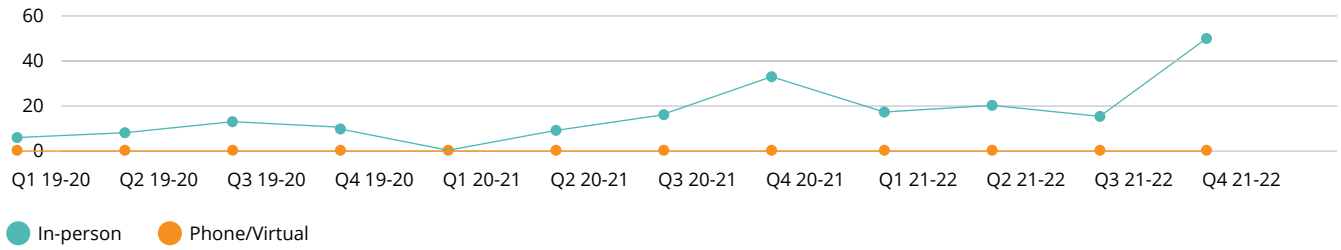
Clinical Services



Clinical Services

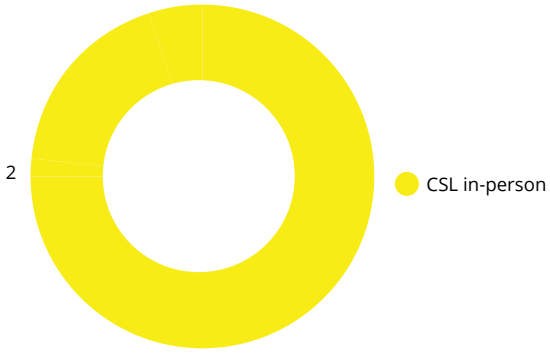


MD/NP Encounters in last 3 years

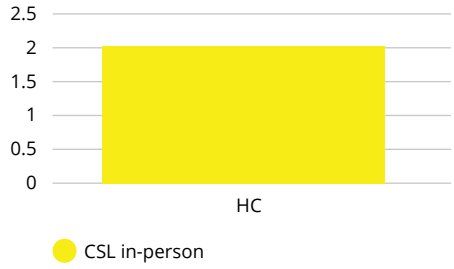


Top 10 Health issues	
Visit for Preventive Immunizations / Medications	Neck Pain (Musculoskeletal)
Hypertension	Insomnia
Anxiety	Hypothyroidism
Diabetes Mellitus Type 2	Neck Lump / Mass
Chronic Back Pain	Smoking Addiction

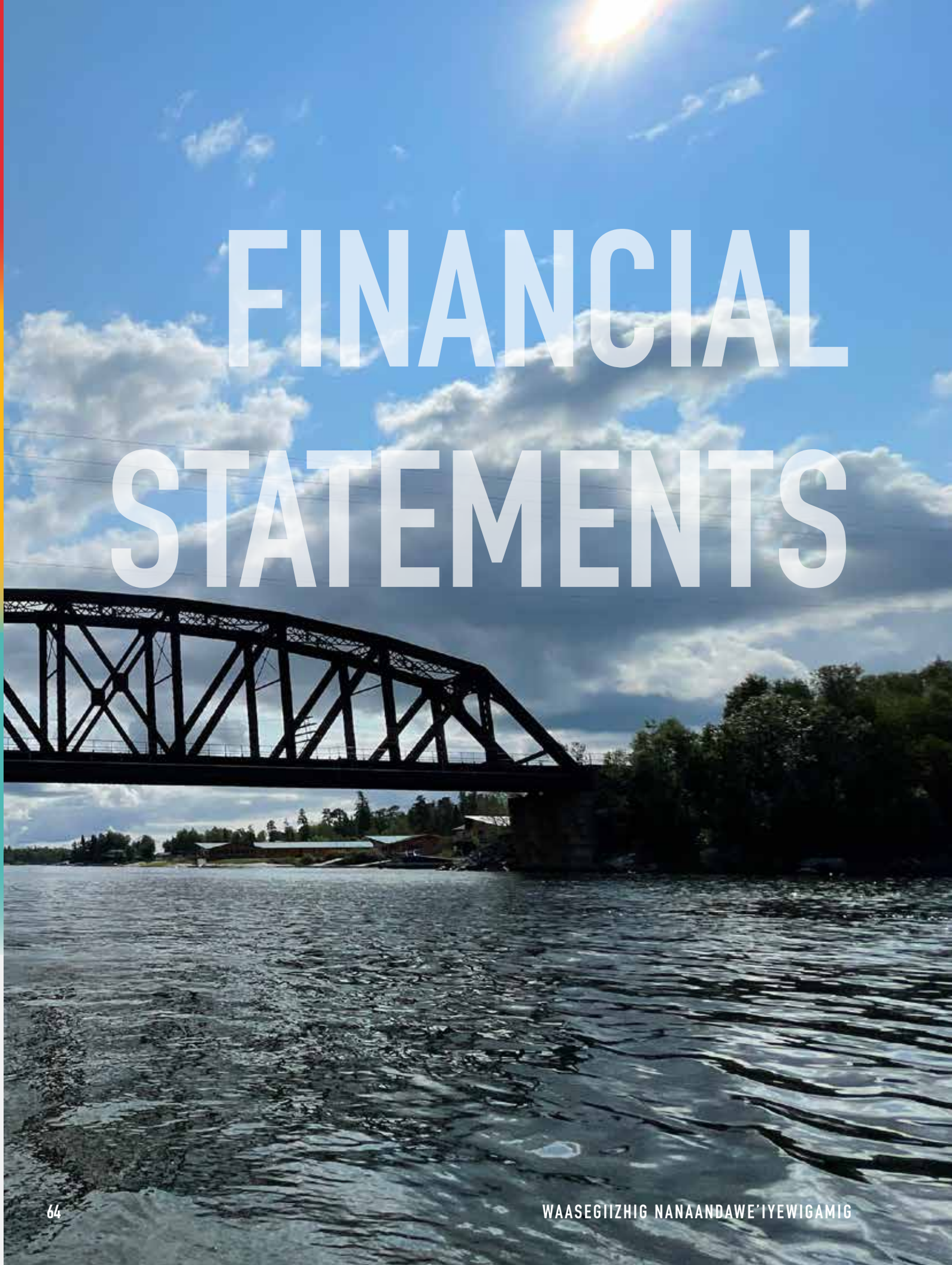
Program Services



Program Services



**per GoC First Nation Profiles December 2022 Population Profile*



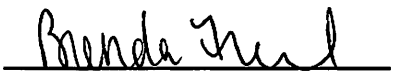
FINANCIAL STATEMENTS

Statement of Financial Position

As at March 31, 2022

Assets	2022	2021
Current		
Cash	$ 2,437,618	$ 200,381
Accounts receivable *(Note 3)*	$ 1,478,723	$ 998,293
Portfolio investments *(Note 4)*	$ 1,550,308	$ 1,550,057
Prepaid expenses	$ 20,640	$ 79,887
	$ 4,992,289	**$ 2,828,618**
Tangible capital assets *(Note 5)*	$ 1,918,839	$ 1,711,209
	$ 6,911,128	**$ 4,539,827**
Liabilities		
Current		
Accounts payable and accruals *(Note 6)*	$ 1,564,106	$ 946,147
Deferred revenue *(Note 7)*	$ 1,572,204	$ 448,579
Recoverable surpluses *(Note 8)*	$ 1,273,237	$ 769,099
	$ 4,409,547	**$ 2,163,825**
Deferred capital contributions *(Note 9)*	$ 180,613	$ 192,403
Deferred capital contributions - Restricted for new medical clinic *(Note 10)*	$ 1,267,478	$ 1,167,362
	$ 5,857,638	**$ 3,523,590**
Commitments *(Note 12)*		
Contingencies *(Note 13)*		
Net Assets		
Invested in Capital Assets	$ 470,748	$ 351,443
Unrestricted	$ 582,742	$ 664,794
	$ 1,053,490	$ 1,016,237
	$ 6,911,128	**$ 4,539,827**

Approved on behalf of the Board of Directors



Director

Director

Statement of operations

For the year ended March 31, 2022

	2022 Budget *(Note 14)* *(Unaudited)*	2022	2021
Revenue			
Ministry of Health and Long-Term Care	$ 7,038,717	$ 8,632,732	$ 7,393,522
Indigenous Healing and Wellness Strategy	$ 1,523,716	$ 1,944,085	$ 1,513,716
First Nations and Inuit Health	$ 755,669	$ 1,613,948	$ 944,700
Kenora District Services Board	$ -	$ 1,011,202	$ 216,832
Indigenous Primary Health Care Council	$ -	$ 748,717	$ 172,547
Ontario Aboriginal Housing Services	$ -	$ 558,304	$ -
Facility Allocations	$ 281,701	$ 241,188	$ 241,188
Ministry of Health - Child and Youth Mental Health	$ 203,850	$ 211,373	$ 211,373
Ministry of Children and Youth Services - FASD/CN	$ 165,000	$ 165,000	$ 165,000
Other Revenue	$ 65,181	$ 129,969	$ 152,365
Northwestern Health Unit	$ -	$ 121,000	$ 90,000
Vehicle lease revenue	$ 112,436	$ 104,958	$ 104,958
Grand Council Treaty #3	$ -	$ 77,354	$ 27,032
Environmental improvement fund grant	$ -	$ 43,633	$ -
Our Health Counts	$ -	$ 22,318	$ 54,278
Amortization of deferred contributions *(Note 9)*	$ -	$ 11,790	$ 11,790
All Nations Health Partners	$ -	$ -	$ 192,500
Lake of the Woods District Hospital	$ -	$ -	$ 148,352
Ministry of the Environment, Conservation and Parks	$ -	$ -	$ 90,800
Interest revenue	$ -	$ -	$ 22,907
Surplus repayable	$ -	$ (661,929)	$ -
Restricted revenue deferred from prior year *(Note 10)*	$ -	$ 1,167,362	$ 779,524
Restricted revenue deferred to subsequent year *(Note 10)*	$ -	$ (1,267,478)	$ (1,167,362)
Revenue deferred from prior year *(Note 7)*	$ -	$ 448,579	$ 972,650
Revenue deferred to subsequent year *(Note 7)*	$	$ (1,572,204)	$ (448,579)
	$ 10,146,270	**$ 13,751,901**	**$ 11,890,093**

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	2022 Budget (Note 14) (Unaudited)	2022	2021
(Continued from previous page)	**$ 10,146,270**	**$ 13,751,901**	$ 11,890,093
Expenses			
Administrative (recovery)	$ 402,943	$ -	$ (750)
Advertising	$ 10,250	$ 7,500	$ 96,155
Amortization	$ 8,000	$ 65,101	$ 46,447
Bad Debt	$ -	$ 169,932	$ 13,242
Bank charges and interest	$ 5,000	$ 4,335	$ 4,566
Clinical services resources	$ 30,000	$ 36,865	$ 27,312
Community support	$ 3,500	$ 1,664	$ 16,314
Contract and relief services	$ 324,627	$ 1,991,531	$ 1,612,190
Health promotion resources	$ 25,000	$ 39,066	$ 28,377
Insurance	$ 23,150	$ 15,454	$ 21,384
Meetings	$ 65,000	$ 6,551	$ 9,235
Office equipment leases	$ 30,000	$ 26,994	$ 27,946
Office rent	$ 177,901	$ 144,621	$ 147,620
Office supplies	$ 85,000	$ 300,642	$ 209,858
Overhead costs	$ 374,222	$ 331,888	$ 302,395
Professional development	$ 295,830	$ 167,518	$ 128,629
Professional fees	$ 75,000	$ 100,333	$ 75,007
Program supplies	$ 215,310	$ 984,163	$ 651,954
Repairs and maintenance	$ 30,000	$ 9,241	$ 27,088
Salaries and benefits	$ 7,913,227	$ 8,877,795	$ 8,124,997
Telephone and communications	$ 75,000	$ 58,656	$ 79,835
Training and education	$ 22,214	$ 12,693	$ 9,141
Travel	$ 198,660	$ 181,433	$ 120,763
Utilities	$ 19,000	$ 27,868	$ 31,442
Vehicle	$ 125,000	$ 152,804	$ 146,118
	$ 10,533,834	**$ 13,714,648**	**$ 11,957,265**
Excess (deficiency) of revenue over expenses	$ (387,564)	$ 37,253	$ (67,172)

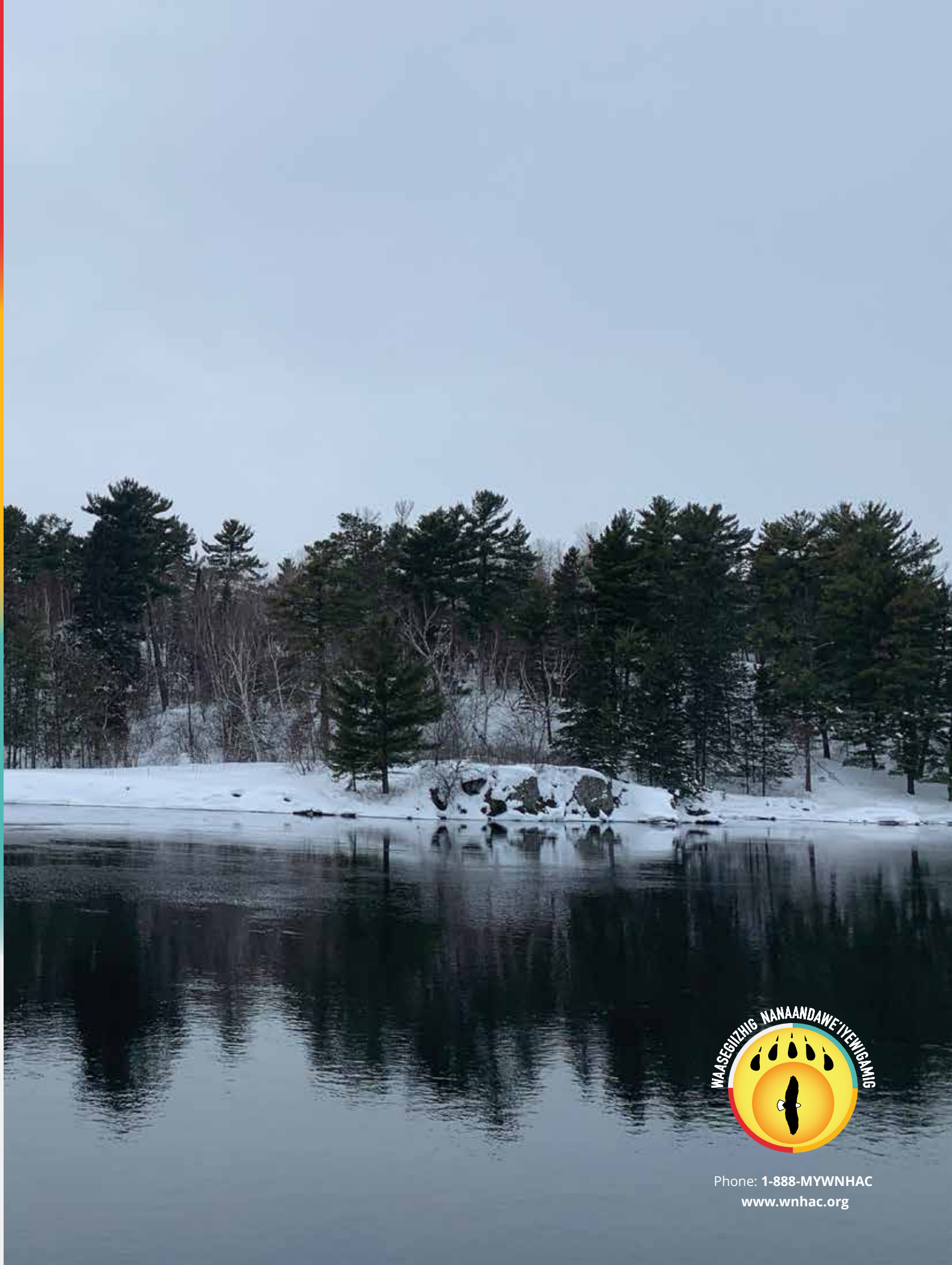

Northwest Angle #33
First Nation
Dogpaw
Community


EXIT


LU E.L.H.C MOOSE CAMP 2022 WNHAC


WE ARE HERE TO
PROTECT
WATER
IS LIFE


WAASEGIIZHIG
NANAANDAWE'IYEWIGAMIG



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