

# 2020/21 ANNUAL REPORT



**WAASEGIIZHIG**  
NANAANDAWE'YEWIGAMIG



# MINO BIMAADIZIWIN

## MESSAGE FROM THE PRESIDENT

Boozhoo, Tansi, Hello,

Please join us in celebrating yet another successful year as we move forward in this healing journey.

Our organization has overcome many obstacles along the way, changing and adapting to address service deliverables, while always remaining focused on the needs of our people.

Our successes are achieved through the guidance of the Seven Grandfather Teachings, our Waasegiizhig drum and sacred items, and the teachings of our elders. Our amazing and dedicated team and their engagement with community partners is what brings it all together.

On behalf of the Board of Directors, I would like to acknowledge our Executive Director, Anita Cameron, and the entire staff team, for their amazing contributions and for continuing to share our collective vision throughout this year. We are better today because of you.

To you, our stakeholders, may we all achieve Bimaadizwin as we walk this journey of life together.

Miigwetch, Marsi, Thank You



**Martin Camire**  
WNHAC Board President





## EXECUTIVE DIRECTOR MESSAGE



Waasegiizhig Nanaandawe'iyewigamig was originally created to address health disparities and inequities through accessible primary health care for Indigenous people. Available resources have never equalled community need. Nevertheless, our staff have worked tirelessly to stretch those resources as far as humanly possible to bring services to community members throughout the region.

Never has this been more evident than during the COVID pandemic, which continues to stretch on longer than anyone could have predicted. When it became evident the pandemic was coming our way, our first step was bringing partners together to share information and plan our local response. This initial meeting turned into daily, weekly and monthly series of updates and planning calls involving local, territorial, provincial and federal entities all concerned with some aspect of the pandemic and its impact.

The weeks and months that followed gradually shifted from a sprint to 'get ahead of' the virus to a marathon that continues more than two years on. At first, no one really knew what we were dealing with – and to some extent this uncertainty continues as the virus evolves and we all strive to keep up. Surfing the multiple waves characterizing this marathon has now brought us through several cycles of preparing, responding and preparing yet again – just when we think things might settle down and we can shift into recovery mode.

Balancing safety for care providers with the needs of the people they care for has been the number one challenge throughout. Early guidance from public health authorities demanded that all in-person contact be avoided unless absolutely necessary. This put all kinds of barriers between providers and clients, including rigorous screening before people could even enter buildings, layers of personal protective equipment, and miles of plastic sheeting to separate people from potential contact with the virus.

This resulted in misperceptions that services had stopped altogether, which could not be further from the truth. In fact, the pandemic forced everyone to leverage technology in different ways to make health care broadly accessible. Virtual care is harder to see – it doesn't arrive in branded vehicles, and often doesn't even require people to leave home to attend a primary care appointment – or a health education or promotion event!





Naturally such shifts present new challenges. While virtual care brings certain advantages, it is not a one-size-fits-all solution – nor is it all about technology. It becomes all the more important for providers to really know their clients, to determine if a virtual appointment or in-person visit is needed. One of the projects WNHAC completed this year looked at how to make virtual care an integral component in the WNHAC toolkit. What is needed at the community level to make virtual care work? When is virtual care appropriate – or not? How do we guide those decisions in a way that considers people, providers and other care partners consistently across all the interprofessional teams?

Another challenge (or unintended benefit, depending on your perspective) relates to connectivity, which is crucial to accessing virtual care. Efforts to bring high speed internet to more locations doubled down when the pandemic set in. After years of struggling to access electronic records in some communities because of poor connectivity, StarLink has been a game changer. We now understand that fibre-optic lines – the gold standard in high-speed connectivity – are planned to begin arriving in Treaty #3 communities within the next five years.

As all of this unfolded, WNHAC demonstrated leadership in responding to pandemic needs by:

- Bringing mobile testing to First Nation communities – completing over 3,500 tests
- Providing isolation accommodation and support to homeless and other vulnerable people
- Addressing food security issues through direct deliveries, multiple partnerships and research initiatives
- Making traditional medicines available throughout the territory
- Providing access to vaccines when they become available - with over 1,240 vaccinations administered

All of this happened alongside ongoing care to 5,050 individual clients over 23,000 separate interactions. Although delayed by multiple COVID lockdowns, the Our Health Counts research has now been completed, with results to be released in the coming months. Both client and elder advisory circles have continued to guide our work throughout this time, and work toward accreditation is ongoing as well.

This pandemic has been a game changer. While provoking fears and anxiety that have not brought out the best in everyone, it has also challenged our creativity and resilience like never before. I am so proud to have been just one small part of this amazing team. No matter what life throws at them, Waasegiizhig and his mission, vision and values keeps them grounded and focused on their path.

**Anita Cameron**  
Executive Director



# KIITIBAADAMIN NANAANDAWE'YEWIGAMIG

## Ownership of Our Own Healthcare

### BOARD OF DIRECTORS

as of March 31, 2021

#### Director

Martin Camire  
Clayton Wetelainen  
Brenda Freel  
Barbara Kejick  
Martina Strong  
Angel Andrushuk  
David Paul  
Conrad Tom  
Delores Sinclair  
Jason Kejick  
Linda Copenace  
Janine Seymour  
Georgina McDonald  
Patti Fairfield

#### Office

President  
Vice-President  
Secretary/Treasurer

#### Representing

Kenora Métis Council  
Wesawkwete – Zone 1  
Shoal Lake 40 First Nation  
Iskatewizaagegan Independent First Nation  
Niisaachewan Anishinaabe Nation  
Animakee Wa Zhing 37  
Northwest Angle 33 First Nation  
Naotkamegwanning First Nation  
Washagamis Bay First Nation  
Asubpeeschoseewagong First Nation  
Wauzhushk Onigum Nation  
Kenora Chiefs Advisory  
  
NeChee Friendship Centre

### FOUNDING BOARD MEMBERS

Letters Patent of Incorporation, issued May 12, 1999

#### Director

Chief Marvin Sinclair  
Don Copenace  
Chief George Crow  
Chief John Wapioke  
Ken Cripps  
Roland Chartrand  
Emma Paishk  
Chief Joe P. Seymour  
Tania (Beardy) Cameron  
Lance Sandy

#### Office

President  
Vice-President  
Secretary/Treasurer

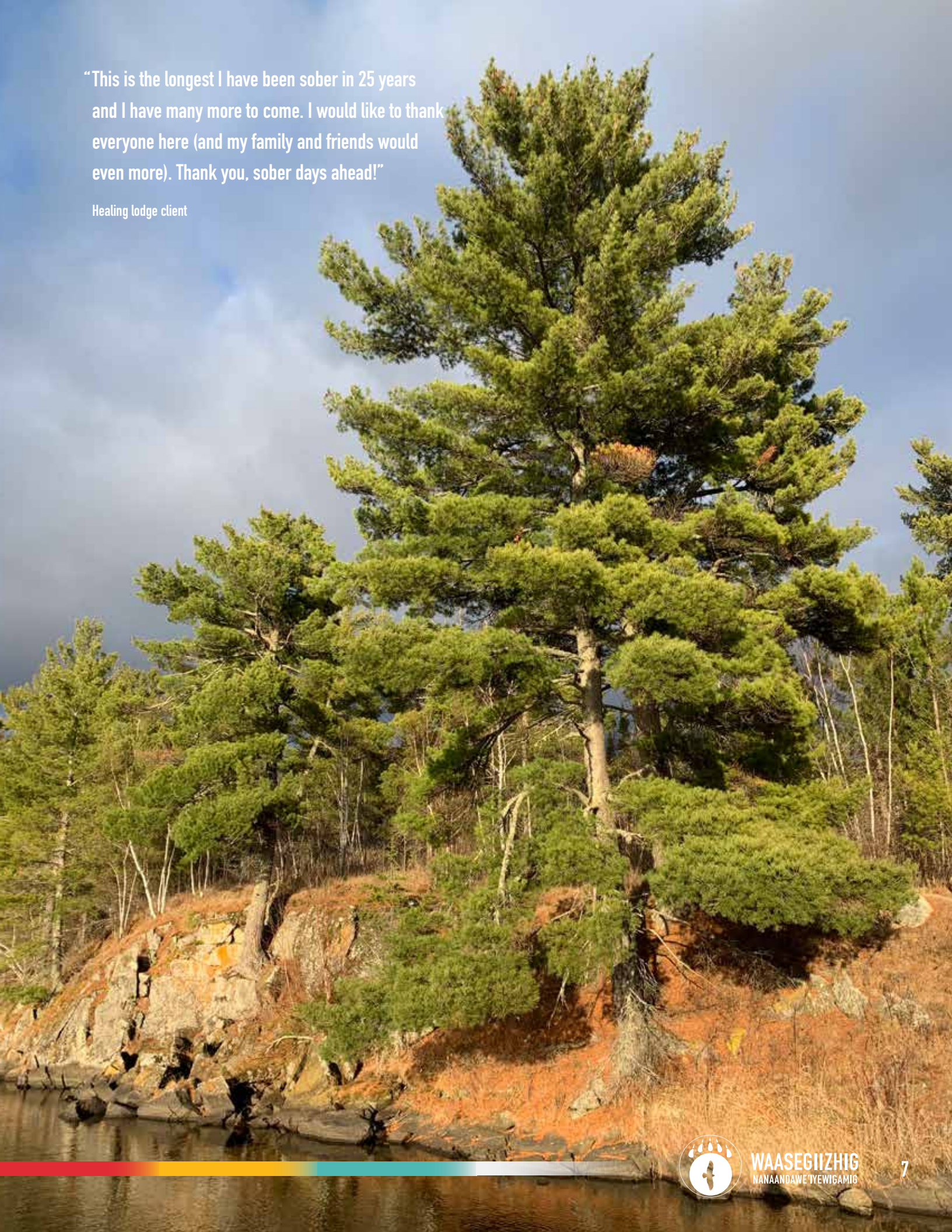
#### Representing

Washagamis Bay First Nation  
Nechee Friendship Centre  
Naotkamegwanning First Nation  
Iskatewizaagegan No. 39  
Wesawkwete – Zone 1  
Kenora Metis Council  
Wabaseemoong Independent Nations  
Niisaachewan Anishinaabe Nation  
Kenora Chiefs Advisory



“This is the longest I have been sober in 25 years  
and I have many more to come. I would like to thank  
everyone here (and my family and friends would  
even more). Thank you, sober days ahead!”

Healing lodge client





# STRATEGIC DIRECTIONS UPDATE

## Our ORIGINAL MANDATE (May, 1999):

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

## Our MISSION

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

## Our SHARED VISION

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

## Our CORE VALUES ...

-  **NIBWAAKAAWIN (Wisdom)**  
We gain wisdom by listening and learning in a never-ending process
-  **ZAAG'IITIWIN (Love)**  
We were created to take care of the land and each other
-  **MANAAJ'IITIWIN (Respect)**  
Everyone deserves to be valued, and treated with dignity and love
-  **ZOONGIDEWIN (Bravery)**  
Bravery is taking risks and being accountable for ourselves and our actions
-  **GWEKAWAATIZIWIN (Honesty)**  
Honesty is being transparent and dependable; saying what we mean, and doing what we say
-  **DABASENDISOWIN (Humility)**  
No one is more valuable or important than anyone else
-  **DEBWEWIN (Truth)**  
Truth is perception based on facts and evidence



# STRATEGIC GOALS (3-5 YEARS) AND PRIORITIES (1-3 YEARS):

## 1. Model collaborative governance

*“Work with community partners to clarify purposes, expectations, avoid duplication, solve problems and develop solutions”*

- client advisory committee
- strengthen community relationships
- All Nations Health Partners
- celebrate the journey

## 2. Build capacity internally and with communities

*“Develop skills, knowledge, structures and ways of working to reflect needs and priorities”*

- commitment to quality
- strengthen communications
- fully staffed
- promote and support our own
- community health teams
- circle of care in communities

## 3. Increase our knowledge about Bimaadiziwin and awareness of cultural services

*“Develop skills, knowledge, structures and ways of working to reflect needs and priorities”*

- cultural learning and guidance
- cultural services
- awareness of services and supports

## 4. Increase and improve access to care

- improve access to quality and timely care for individuals, families and communities
- facilitate access to specialized care
- explore ways to support infrastructure improvements in communities
- build a new space for Waasegiizhig Nanaandawe'iyewigamig to support clients and a wholistic model of care

### 4(a) Care for our elders

- increase Elder involvement
- engage with our Elders

### 4(b) Improve wellness

- empower individuals
- focus on mental health
- support and empower youth

### 4(c) Effective prevention and support

- work with communities
- increase and enhance services



# OVERVIEW OF SERVICES

Four interprofessional teams provide **comprehensive primary health care** to communities/populations across the four directions of the Kenora-area catchment (Waabanong, Zhaawanong, Ningaabii'anong, and Giiwediniing), and share responsibility for the Indigenous population in Kenora. Each team provides the following programs and services in the communities they serve:

## Health and Wellness

- Reproductive and sexual health; birth control
- Prenatal care to 20 weeks
- Well-child/adult and preventative care (immunizations, wellness checks, cancer screenings)
- Emotional wellness support as part of wholistic health care
- Community (public) health nursing services in seven communities
- Health education and promotion programming

## Complex Care/Chronic Disease Management

- Emotional wellness support addressing complex trauma issues
- Diabetes management:
  - Nutrition counselling
  - Basic and advanced footcare
  - Wound care
- Chiropody
- COPD, asthma
- Heart health, hypertension
- Homecare services in four communities

## Acute, Episodic Care

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

Primary care services are complemented by **Shaawanobinesiik Gibichii'igamig**, our hostel program that provides accommodation and support for:

- People accessing hospital outpatient services
- Family members of gravely ill patients
- Recently discharged patients who require a level of care or monitoring not safely available in their home community.

In 2020/21, we introduced transition services through a **Transition Facilitator**. This role empowers clients in their healing journeys by partnering with WNHAC staff, partner agencies and community-based staff to support seamless transitions in care, client advocacy, consultation and referrals.

**Waashkootsi Nanaandawe'iyewigamig**, a healing lodge in Washagamis Bay First Nation, also supports comprehensive primary health care by providing specialized supports for people who want to focus on personal healing. A 10-bed adult, co-ed residential healing program helps participants break negative cycles by addressing underlying issues and root causes, and fostering development of knowledge and skills that help support healthy lifestyles. The program consists of group sessions, hands-on/land-based activities, ceremonies and individual counselling. Emotional Wellness Workers also provide programming in communities on an outreach basis, as well as providing post-discharge aftercare to graduates of the residential program.

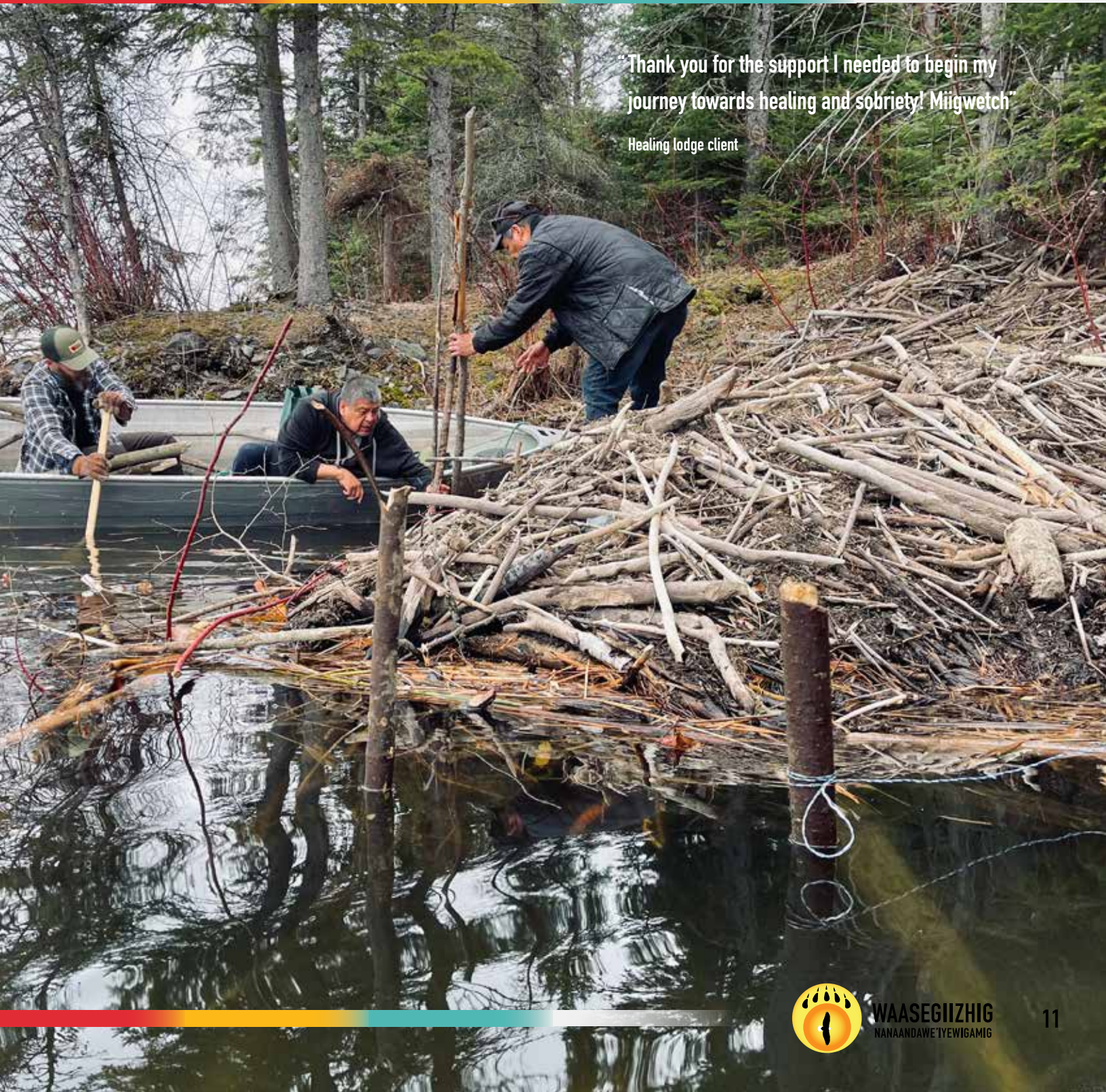
In 2020/21, the **Agichi'giizhigoonsag Program** launched a land-based program intended for youth ages 12 to 18 who are interested in learning about and participating in Anishinaabe cultural practices and teachings. Land-based activities include spring and fall feasts, nature walks, and medicine identification, harvesting and processing.



**Health education and promotion** activities support primary health care through Indigenous ways of knowing.

Areas we focus on include:

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



*"Thank you for the support I needed to begin my journey towards healing and sobriety! Miigwetch"*

Healing lodge client





# OUR COVID-19 JOURNEY

## Mobile Testing

Our journey into COVID-19 testing began with a conversation with the All Nations Health Partners (ANHP) - including Lake of the Woods District Hospital, Northwestern Health Unit, Kenora District Services Board, Kenora Chiefs Advisory and the Sunset Country Family Health Team. The All Nations Health Partners were to open a Central Assessment Centre to offer testing services to the Kenora urban population, but it would not have the capacity to provide outreach services beyond city limits. WNHAC stepped up to be the lead organization to coordinate mobile testing efforts in the First Nations communities, with additional staffing contributions to be provided from the other ANHP organizations as needed. WNHAC and the All Nations Health Partners met frequently (the beginning of the Zoom meetings) as the ANHP Assessment Centre committee to develop mobile testing pathways, assessment forms, pathways for case notification and ongoing assessment of the clients being tested; there was also review of current testing guidelines and priorities, and the development a variety of communications to be shared with the public.



Staff from the LWDH and KDSB provided nurses with skills training in the collection of nasopharyngeal swabs (NPS); this was the required method for collecting samples to be tested for the COVID-19 virus. WNHAC's Infection Control Professional (ICP) provided updated training in the proper use of PPE and infection control measures, to ensure testing teams would be operating in the safest manner possible. As the Mobile Testing Coordinator role sat with WNHAC, it was also our responsibility to:

- redeploy and train non-clinical support staff in how to help facilitate testing processes with the nurses,
- create testing kits that contained all the necessary medical equipment, PPE and other essential items,
- equip vehicles with appropriate disinfection supplies,
- and provide a designated space for testing teams to decontaminate the medical equipment and restock testing kits, shower and change, and document all client encounters.



By early April, the teams were prepped and ready for the call. It kicked off slowly, with requests for testing on individual clients coming in sporadically from the FN communities. Teams were deployed on the basis of need, with testing occurring outdoors from the back of the vehicles. It should also be noted that each testing team was designated a Primary Care Provider from either WNHAC or KCA and had the ability to consult with these providers in real time if they had any concerns about the clients being tested. This carried on for the first couple months, with Kenora and the surrounding communities seeing a little to no positivity rate. June 5th, 2020 was the first reported case of COVID-19 in a WNHAC catchment community, and our first stretch of daily mobile testing that lasted 3 weeks and included 16 different mobile testing teams created from a collaboration of staff from WNHAC, KCA, Northwest EMS, WFB EMS, and the Ontario Health Network. This initial surge was an important learning experience for all, and really demonstrated the commitment and compassion of our WNHAC staff as they met the needs of the communities.

Mobile testing efforts remained at the forefront of our Covid-19 response as we experienced fluctuating need in the summer months. Realizing that the pandemic would not soon be ending, it was imperative to plan for the change in season and as such WNHAC worked with the communities to find and designate safe and appropriate indoor testing locations, ensuring mobile testing teams could continue to deliver this essential service. By the beginning of 2021, we were facing multiple community-based outbreaks, and meeting mobile testing needs from the impacted communities remained a WNHAC priority. We have continued to meet this demand throughout the pandemic, with collaboration and strong partner relationships which have proven key to the success of this service.

### **Community Health Nurses - Case Notification, Contact Tracing, and Clinical Management**

For our clients residing in First Nations communities, Community Health Nurse (CHN) services have been available and proactive since the very beginning of the Covid-19 pandemic. As mobile testing was established, these nurses started with wellness checks for those carrying symptoms and awaiting test results - providing guidance, education and reassurance. When the positive cases began to pop up, the CHN's then provided an additional layer of support to those who had tested positive, including how as a household could safely get through the isolation period. Every positive result required daily case management and follow up of the individual and the household members from these specialized nurses, as well as the time consuming and comprehensive task of contact tracing. This involved calling each identified contact in a timely manner, to provide notification that he or she had been in direct contact to a confirmed positive case; the CHN's would assess the risk of transmission and helping to arrange further testing required for these contacts - all while maintaining confidentiality and adhering to strict privacy regulations.

Due to the specialized nature of the work that Community Health Nurses, their client-centered approaches, and dedication to meeting community needs, their expertise was often sought throughout that first year of unknown and uncertainty. They participated in daily/weekly/monthly meetings with pandemic teams, health directors, and concerned community members - all requiring the ongoing review of the everchanging information and public health guidance. The CHN's were key in keeping communities safe and clients feeling supported.

In addition to these responsibilities, the Community Health Nurses were also the leads for planning and providing the rollout of the Covid-19 vaccines in their respective communities, each one responsible for multiple communities. Planning for the year to come, these nurses would have no idea just how all-consuming this venture would be. Despite all of this, their own strength, resilience and commitment to seeing the other side of the pandemic would mean reaching as many community members as possible, giving them and their families a means of active protection against this virulent and persistent virus.

Regardless of the multiple hats they wear, these nurses continue to show up day after day fighting the good fight, and their efforts are unmatched by many.



## **Nurse Practitioners – Case Notification and Clinical Management**

- Primary COVID 19 case notification and clinical management is inclusive of 10 indigenous communities, town of Minaki, Dryden, and the town of Kenora at large, inclusive of the underhoused and vulnerable populations.
- Medical managed COVID-19 response included providing first point of contact notification of a confirmed COVID-19 result, a physical health status review, current housing available and the necessary medical, nursing follow up to ensure a stable outcome for the individual.
- Throughout the pandemic, nurse practitioners have provided medical liaison and support to the indigenous community leadership, health directors and on site health staff to support the medical management of COVID-19 cases, and nursing support.
- Currently we are eight (8) nurse practitioners providing the necessary clinical management of individuals with COVID 19 symptoms and infection.
- Nurse practitioners at WNHAC are available to support and collaborate with several health agencies to support the coordination of medical management, urgent and emergent medical relocation, housing and any social and primary care follow up for confirmed COVID 19 cases; namely the Lake of the Woods Hospital (LWDH), Kenora Chiefs Advisory, Treaty 3 police, Ontario provincial police, Sunset Country Family Health Team (SCFHT), and The Kenora Makwa Patrol.
- Finally, nurse practitioners are primary care clinicians that blend medical and nursing expertise in diagnosing and treating acute and chronic health conditions. Nurse practitioners have the knowledge, skill and judgment to enhance the health of individuals of all ages with an emphasis on disease prevention, health management and patient education; nurse practitioners at WNHAC will continue to bring a comprehensive and holistic perspective to the health care of individuals, families and communities.

## **Vaccinations**

February brought about the beginning of COVID-19 vaccine rollout, where once again clinical and non-clinical support staff were gearing up to redeploy to this momentous effort to stop the Covid-19 pandemic. Our first vaccine clinic took place in Iskatewizaagegan #39 at the Elder's Centre, where Chief and Council were present, and a ceremony was conducted to bless and protect the vaccine. This was merely the start of another long journey, where planning and collaboration were necessary to deliver immunization services. WNHAC was asked to lead vaccine administration in Kenora for the urban Indigenous/Metis and vulnerable population, as well as within the communities in which we deliver Community Health Nurse services. Moving forward into the next fiscal year, we would be responsible for providing multiple community-based clinics and many successful mass clinics in our downtown core.

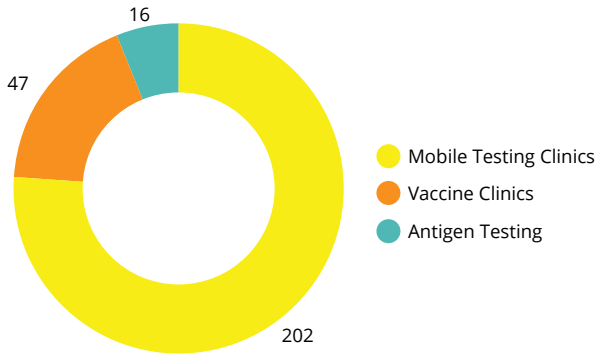
In December 2020, WNHAC began operating the COVID Isolation Centre serving Kenora's vulnerable population on behalf of the All Nations Health Partners.

The new program had its ups and downs as we navigated new territory while accommodating and caring for people awaiting COVID-19 test results and those who tested positive for COVID-19. A surge in early 2021 brought some significant outbreaks to First Nation communities, and Kenora Chiefs Advisory requested WNHAC's support to provide isolation to community members. Waasegiizhig shared the service pathways and intake supports that had been developed to support expanded services to accommodate community members through this surge.

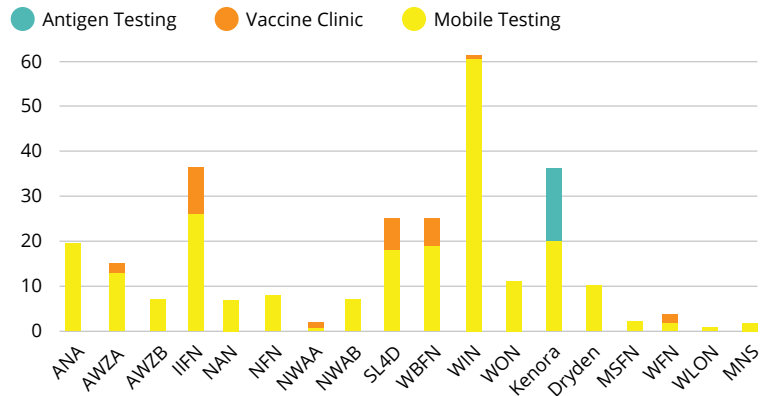
Sunset Country Family Health Team provided nursing support and COVID-19 swabs, which enabled Waasegiizhig's nurses to continue providing nursing support and COVID-19 mobile testing in community. Between December 15, 2020, and March 31, 2021, Waasegiizhig supported 173 people at the isolation centre, with 44 of them experiencing the effects of COVID-19.

# COVID RESPONSE

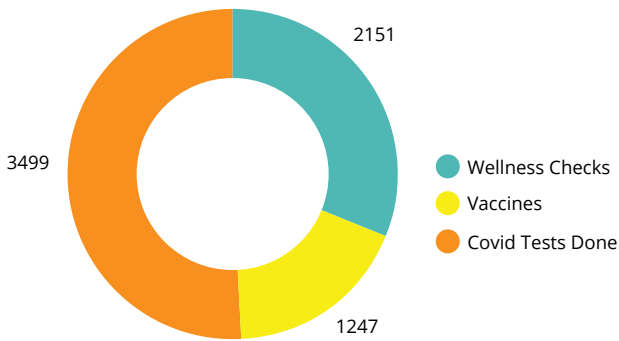
### Covid Related Clinics



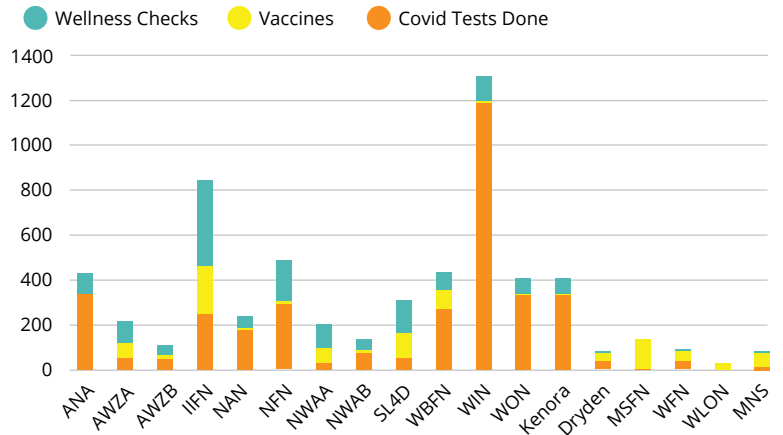
### Covid Clinics by Community



### Total Services



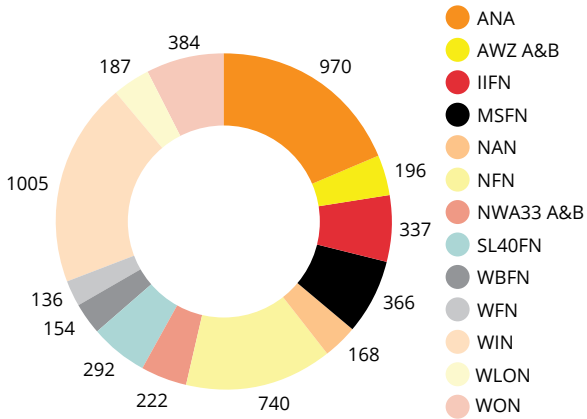
### Services by Community



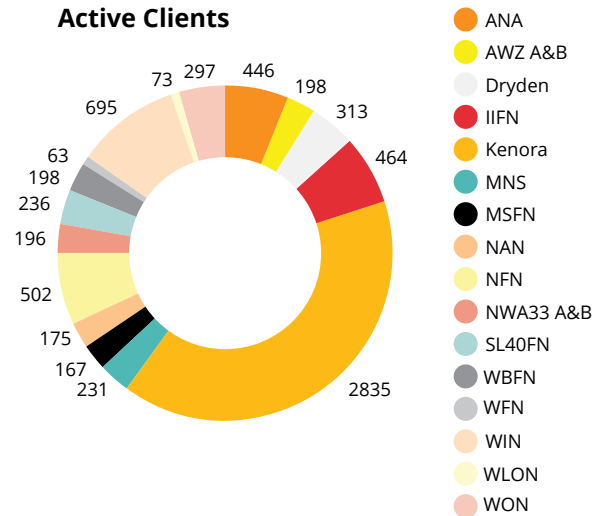


# AT A GLANCE

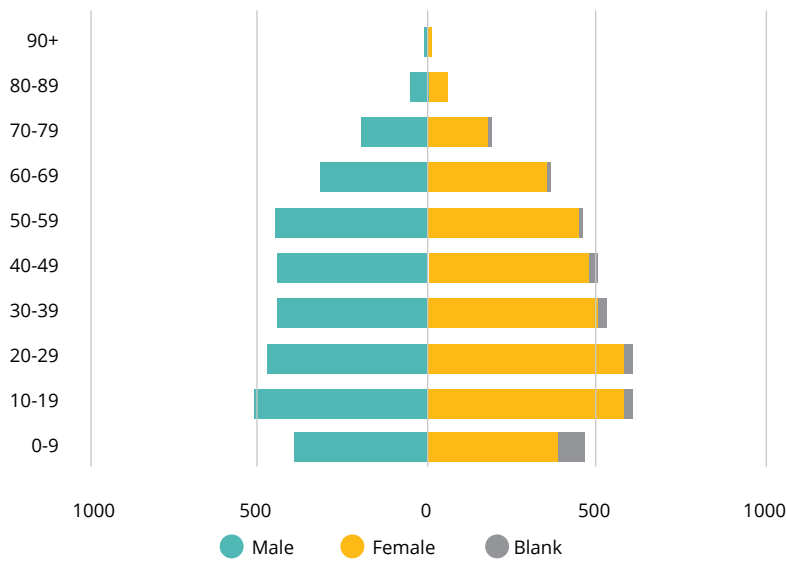
## On Reserve Catchment



## Active Clients



## Active Client Profile



### Active Clients: 7092

2020/21 Clients:	5054
2020/21 Encounters:	22976
Average Encounters:	4.55

### Total Provider Visits 5625

Community Clinics	2492
Central Service Location (CSL)	1387
Virtual Clinics	1319
Dryden Satellite Clinic	427

### 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

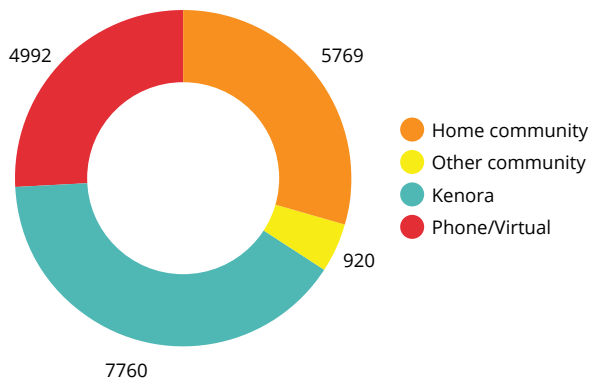
**DH:** Dental Hygienist

**HCCN:** Health Coach Navigator

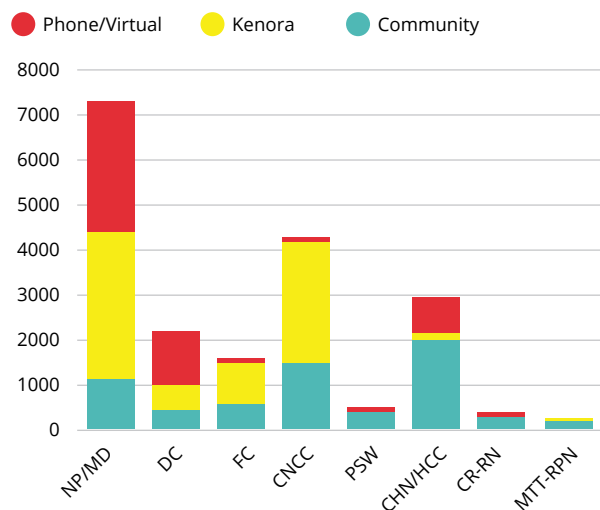


# AT A GLANCE – CLINICAL SERVICES

## Clinical Encounters



## Clinical Encounters



### Top 10 Health issues

Diabetes Mellitus Type 2	GERD
Hypertension	Abdominal Pain
Anxiety	Insomnia
Depression	Back Pain
Confirmed Case COVID-19	Smoking Addiction

## Clinical Services

In March of 2020, the Covid-19 Pandemic had been declared, and the world shut down. Two weeks to “flatten the curve”. WNHAC pushed pause on community visits, taking immediate steps to protect both clients and staff from the risk of exposure while maintaining essential services and focusing on the

most important needs. The impact of this was felt by many, clients and staff alike. However, we set to work immediately to brainstorm different ways in which we could adjust our service delivery and continue to be the consistent source of health care provision for our clients.

WNHAC felt it was important to ensure the overall wellbeing of all our clients was one of the first priorities for our shift in service delivery. This led to the establishment of Wellness Checks. Various staff members were redeployed to provide these Wellness Checks to our clients, to address individual or family needs, and to have conversations concerning mental health, fears or anxieties. This was a valuable tool for offering our clients support and identifying those that may need additional support during that time of uncertainty.

Initially many changes were made to our Central Services Location site and internal processes to support the safe delivery of care, We:

- We changed the location our waiting room to better facilitate proper flow of traffic and adequate distancing between clients.
- We created an isolation area that prevented cross contamination between clients that screened positive and negative.
- We added well stocked PPE carts in essential areas, including visible signage for donning and doffing PPE.
- We provided staff with WNHAC “work only” scrubs that could be worn during work days and left for laundering, reducing the risk of bringing contaminated items into personal households.
- We implemented a maximum passenger rule for our WNHAC vehicles.

To align our practice with the Ministry guidelines for primary care delivery and what was deemed as ongoing “essential services”, WNHAC developed various tools and pathways that would help us provide safe care to our clients. An Appointment Triage Tool was created to support our reception staff to make appropriate choices when scheduling in-person and virtual client appointments. We created a master scheduling template that was based on the number of providers working in

the clinic, which ensured that we never went beyond capacity for our space. In addition to engaging active screening at the entry of our clinic, we also developed a Screening Pathway that outlined exactly how to escort any clients that screened positive to the isolation area while minimizing the risk to the clients that screened negative. With so many unknowns of how the easily the virus could spread, WNHAC adhered to vigorous public health measures in order to continue providing access to primary care services and keeping clients and staff safe.

When it came time to return services to communities, further measures were taken to ensure clients and communities felt safe when accessing care. Through collaboration, WNHAC’s Infection Control Professional and KCA’s Environmental Officer completed site visits at each community clinic to offer advice on any changes that could be made to make each location as safe as possible. If needed, proper sanitizing supplies were provided upon request. It should also be noted that return to community was based solely on individual community preference. WNHAC respected the choice that our First Nations communities and Chief & Councils made on behalf of their membership, and only returned the services chosen by each community as well.

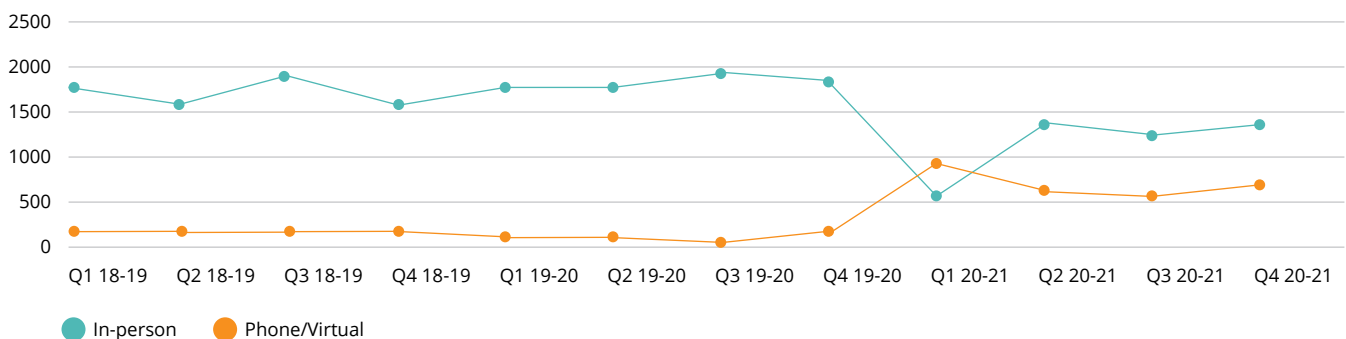
Throughout the first year of the COVID-19 pandemic, WNHAC continued to navigate multiple provincial “stay at home orders”, everchanging provincial guidance, and various First Nations community closures, all while continuing to support our clients and their families. New Year’s 2021 brought about the biggest surge in our area to date, with many community-based outbreaks requiring the assistance of WNHAC and other community partners. Again we were heavily engaging mobile testing teams and staff for case notifications, contact tracing and clinical case management while also continuing to deliver primary care services, in both our Central Service Location and the community-based clinics. The vaccine rollout could not come soon enough for everyone.

Highlights and partnered activities this year

- Mass and Community Vaccination Clinics
- Daily COVID-19+ Case Notification, Contact Tracing and Management Services
- Ongoing virtual care initiatives
- Cardiac Rehabilitation Referral Program
- Physiotherapy at Lake of the Woods District Hospital
- All Nations Health Partners, Ontario Health Team Working Group contributions to Home & Community Care, Digital Strategy, Traditional Healing Advisory, Food Security, and more.
- NOSM University Engagement and Student Placements

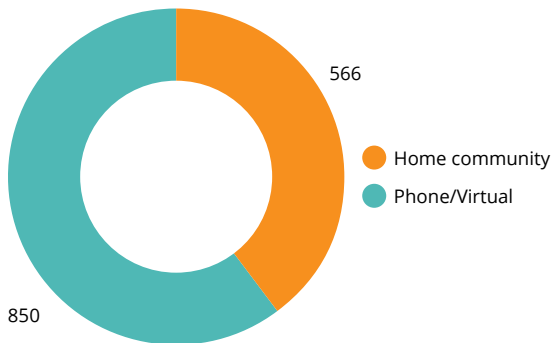
The Women’s College Hospital Institute for Health System Solutions and Virtual Care (WIHV) conducted a comprehensive evaluation of virtual care during the initial onset of the COVID-19 pandemic. The research team conducted case studies of health and social service organizations to understand the impact that rapid virtualization had on equitable access to virtual care. WIHV collaborated with WNHAC to explore its rapid implementation and deployment of virtual primary care services. WNHAC was contacted early in the process by the research team to collaborate on the study by providing feedback about the research methods and materials, assisting with participant recruitment, and engaging Philina Sky, lead consultant contributor, to collaborate on data collection and analysis. Qualitative interviews were conducted with WNHAC leaders, managers, providers, and clients to gain a fulsome understanding of the impact of rapid virtualization.

**MD/NP Encounters in last 3 years**

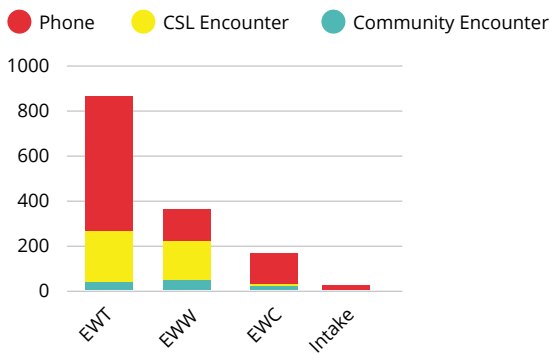


# AT A GLANCE – HEALING SERVICES

## Encounters by Location



## Encounters by Provider



## Top 10 Emotional issues

- Anxiety
- Feeling Overwhelmed
- Feeling Stressed Out
- Depression
- Visit for Crisis Support
- Family Stress
- Grief Reaction
- Relationship Problem
- Feeling Emotional
- Feeling Depressed

## Healing Services

2020/21 was a challenging year for Healing Services. Individual and group sessions, typically provided in person, were required to transition to virtual care as the COVID pandemic continued. Many staff were redeployed to provide direct support to COVID-related services such as mobile testing. Some also had the opportunity to engage in online training that previously could not be completed because of program demands.

When the pandemic began, the therapy program transitioned to providing virtual care for clients living in community and in town. There were many challenges to providing care during this time. Some people’s living situations do not allow access to confidential spaces where they can fully engage in intensive psychotherapy services. Even though it was difficult, clients were able to continue their care through virtual engagement until the province of Ontario allowed in-person sessions again. Throughout the past year, the therapy program was able to complete 768 sessions through both virtual and in-person individual appointments.

Even though Waashkootsi Nanaandawe’iyewigamig was forced to close for six months when the COVID-19 pandemic began, the Mitiigomish program was able to complete two 28-day residential programs after staff were able to return to the lodge.

The lodge also launched the Agichi’giizhigoonsag Program, a new youth healing program. This program developed a vision for the next two years that includes strengthening family connections, being consistent with engagement strategies, inspiring youth to become excited about traditions, documenting positive outcomes, and developing a physical representation of the program. The program was developed with input from the 2020 Elder’s Summit, as well as survey results from youth engagement carried out throughout the COVID-19 pandemic. To date, the program has completed several Turtle Lodge Ceremonies, Sweat Lodge Ceremonies, teachings, and youth wellness camps. The program also partnered to provide a pilot Family Camp with hopes to use what was learned to offer future programs.

The outreach component of the Waashkootsi Lodge was heavily utilized for mobile testing and support throughout the pandemic. While they were supporting mobile testing, the outreach workers were also able to host 29 events that engaged over 150 participants. Some of these sessions included Dialectical Behavioural Therapy, Waterview Programming and Virtual Follow-up Groups for those who had previously graduated from residential programs.

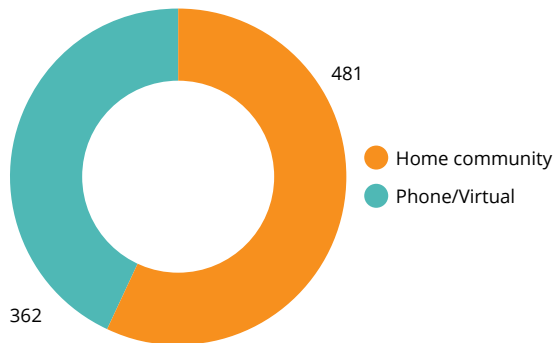
“I’ve learned a lot here. How to cope with stressors, grief and trauma, that it’s ok to forgive yourself and that it’s on you to keep moving forward. Thanks to everyone who has helped me along this journey.”

Healing lodge client

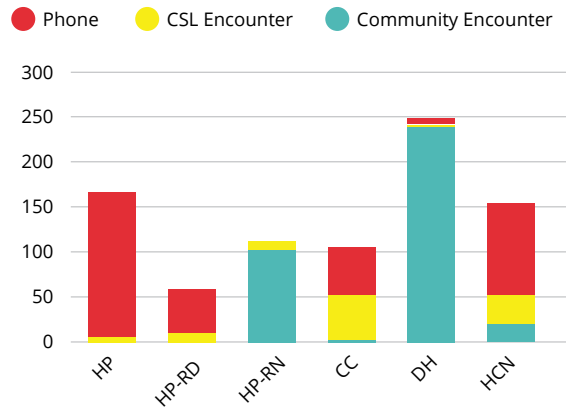


# AT A GLANCE – PROGRAM SERVICES

## Encounters by Location



## Encounters by Provider



### Health Promotion & Cultural Activities

**Total In Person Activities (Group Programs): 200**

3490 participants

**Total Virtual: 158**

29,940 people reached

### Location held:

Communities	158
Kenora	39
Outreach	3

### Top 5 activities - Health Promotion

- Varnish
- HEAL
- Smoking Cessation
- Meal Kits
- Diabetes Sessions

### Top 5 activities - Cultural

- Gagweji Niimiwin Pow Wow Cardio
- Traditional Crafting Sessions
- Anishinaabe Gakino-amaadiwinan
- Anishinaabe Perspectives
- Sweatlodge

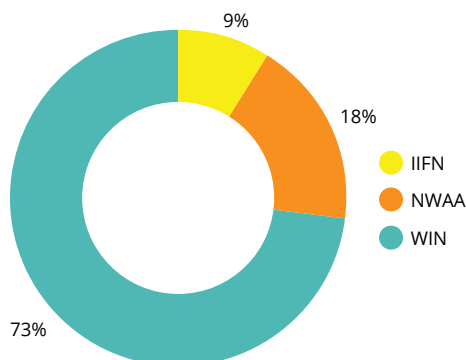
## Shaawanobinesiiik Gibichii'igamig Hostel

*The Hostel was closed as of March 2020 and finally reopened January 2021*

Between January and March 2021 there was a total of 11 clients

Total nights spent between January and March was 96

### Clients by community



### Hostel bed nights by community



## Program Services

Ensuring access to traditional healers, medicine people, Elders, health promoters, health promotion dietitian and nurse, cultural coordinators, dental hygienists, health coaches, hostel and lending support to WNHAC's COVID response efforts has kept Program Services personnel exceptionally busy during COVID 19 pandemic.

Navigating the pandemic became our new normal. It meant new ways of delivering services to clients to reduce barriers to care. Our priorities remained focused on supporting clients to be well and stay well. Approaches were innovative, collaborative and continued to support high quality, wholistic primary health care services.

For example, various virtual platforms from telephone to Zoom to Facebook were leveraged to make sure people had continued access to services. Community lockdowns didn't stop us from meeting needs – 'road meets' to deliver traditional medicine refills and other supports such as groceries and supplies became routine

In-person care also remained available to clients who needed it. Many of our staff members were also redeployed to support mobile COVID testing, isolation support, the vaccine roll-out, and wellness checks for all clients. Our all hands on deck approach enabled timely access to what was needed and demonstrated our strength and resilience.

Onboarding new hires during a pandemic proved challenging at times, but staff stepped up and persevered.

Highlights from 2020/21 include:

- Redeployment to support the countless hours WNHAC spent at the frontline and beyond (COVID mobile testing, vaccine roll-out, screening, isolation, infection control).
- Virtual options enabled continued access and engagement through workshops, presentations, fitness classes, drumming, traditional crafts, wellness checks.
- Our Health Counts remained a priority. Data collection continued and was completed virtually. Our Health Counts will provide meaningful and accurate data and stories about our catchment's true health and well-being needs and status.
- Home visits ensured those who needed, received it.
- Our staff continued to safely deliver oral health services in many of our communities. During times when visits were not possible our Dental Hygienists and Health Promoters supported families remotely as well as by providing oral health supplies for communities and those in isolation."
- Traditional medicine clinics, ceremonies and medicine harvesting continued.
- Hostel services relocation was challenging and resulted in implementing services from a distance.
- Our client advisory group – Wiisookotaadidaa Community Circle – remained on task and provided valuable insights into what clients were experiencing and what was needed, resulting in real-time improvements.



# NUMBERS BY COMMUNITY

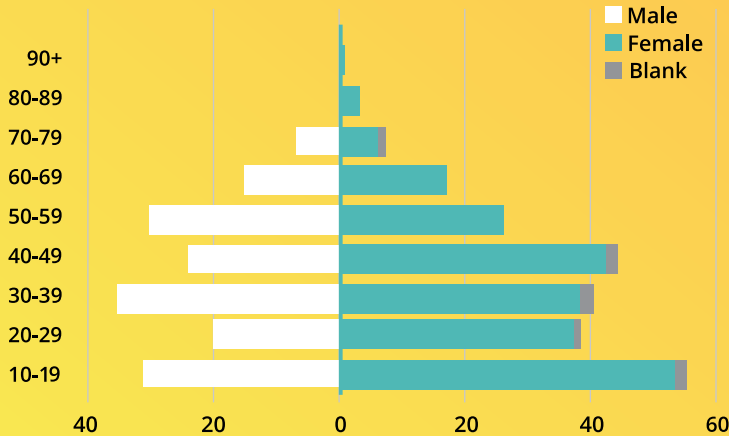
## Asubpechoseewagong Netum Anishinabek (ANA)

On reserve population\* 970

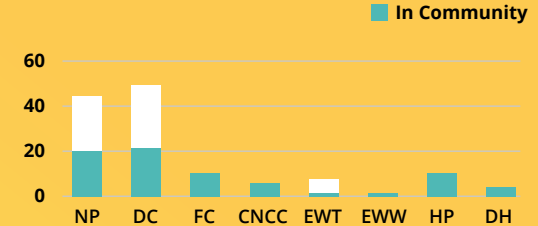
Most recent visit: 2020/21 - 32%, 2019/20 - 9%, 2018/19 - 5%, Never Seen - 54%

Registered clients:	446	Avg encounters per client:	2.92
Active clients:	308	Community Clinics:	74
Total encounters:	900	Virtual Clinics:	61

### Active Client Profile

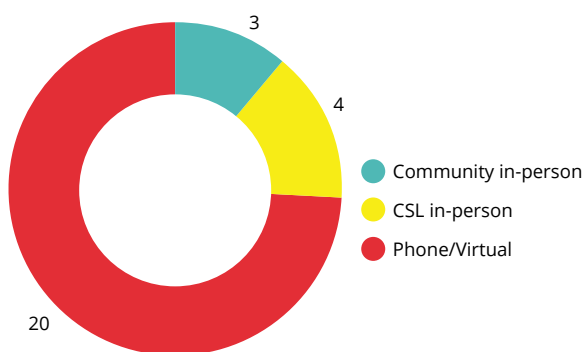


### Clinics

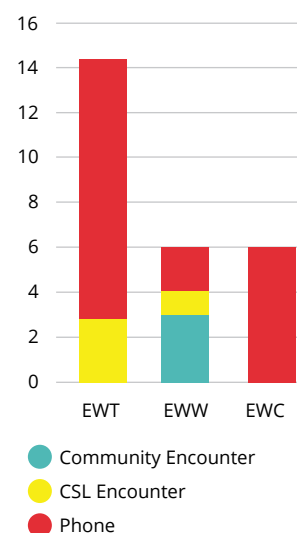


## CLIENT ENCOUNTERS

### Healing Services



### Healing Services

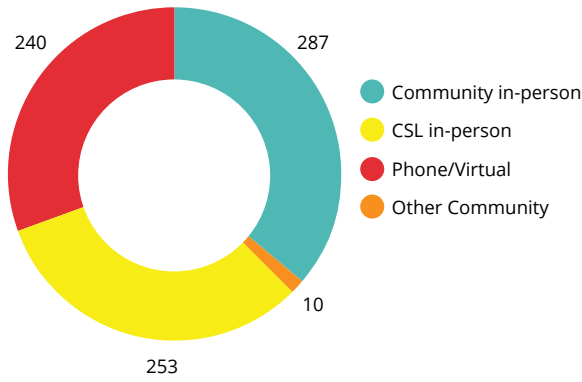


### Top emotional issues

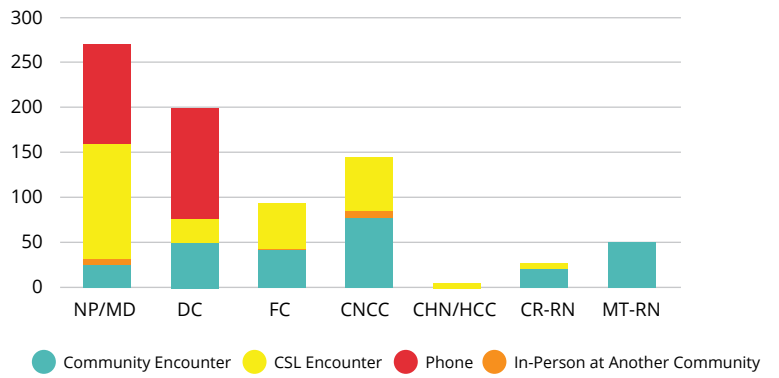
- Anxiety
- Grief Reaction
- Alcohol Abuse
- Visit for Crisis Support
- Feeling Depressed
- Visit for Therapeutic Counselling / Listening
- Request for Referral(s)
- Feeling Emotional



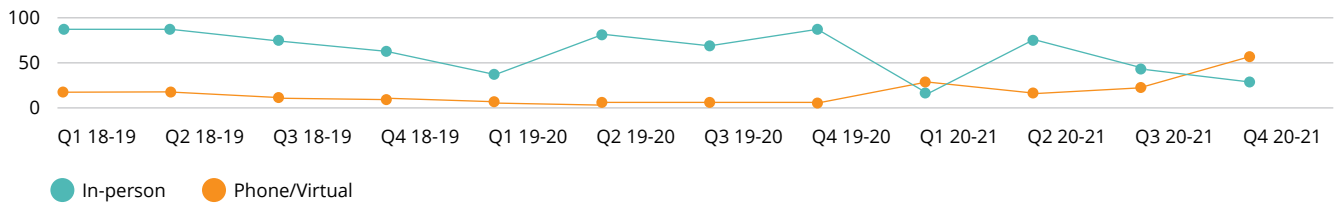
### Clinical Services



### Clinical Services



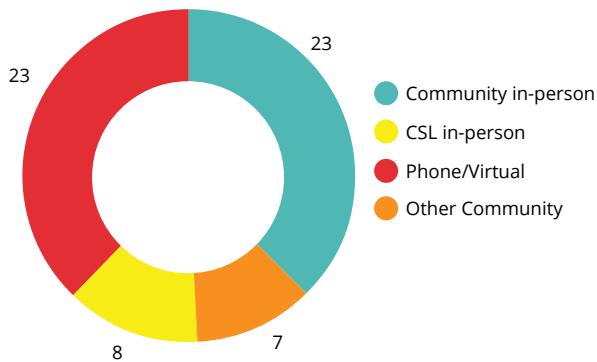
### MD/NP Encounters in last 3 years



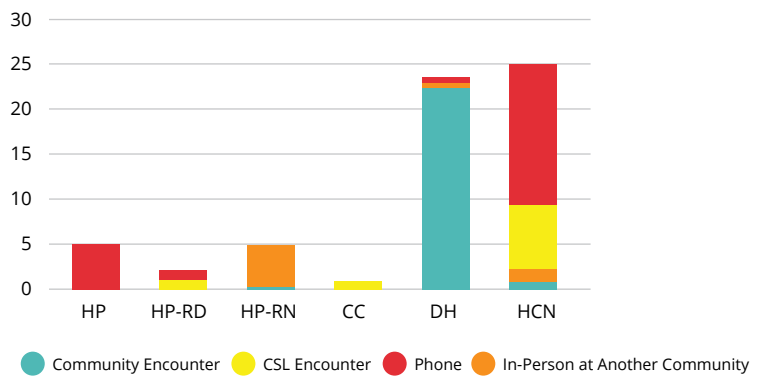
### Top 10 Health issues

Confirmed Case COVID-19	Anemia
Diabetes Mellitus Type 2	GERD
Anxiety	Abdominal Pain
Hypertension	Contraception (Female)
Depression	Contact Dermatitis

### Program Services



### Program Services



### Health Promotion & Cultural Activities

Health Promotion & Cultural Activities	Top activities
Total: 3 Activities, 47 Participants	Varnish
	Ice fishing kits
	Contact Dermatitis

\*per GoC First Nation Profiles December 2021 Population Profile



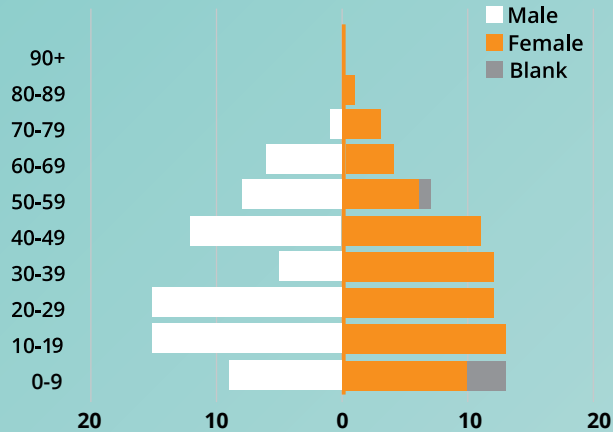
# Animakee Wa Zhing #37 - Regina Bay

On reserve population\* 196

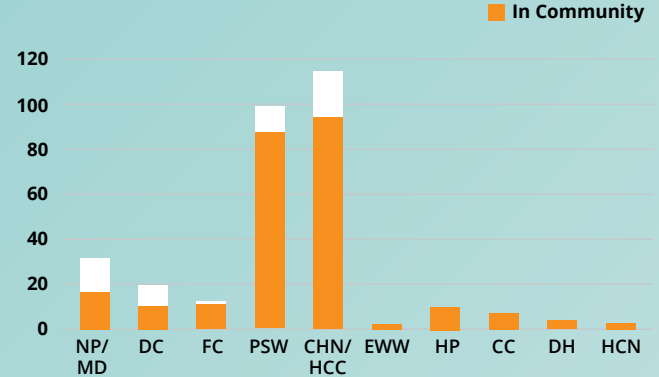
Most recent visit: AWZA\*\*: 2020/21 - 63%, 2019/20 - 11%, 2018/19 - 2%, Never seen - 0%

Registered clients:	147	Avg encounters per client:	7.85
Active clients:	123	Community Clinics:	240
Total encounters:	966	Virtual Clinics:	58

## Active Client Profile

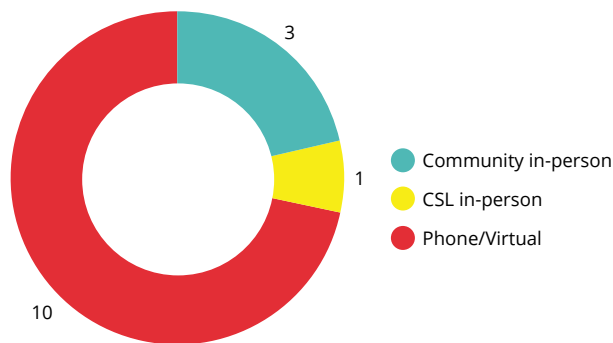


## Clinics



## CLIENT ENCOUNTERS

### Healing Services

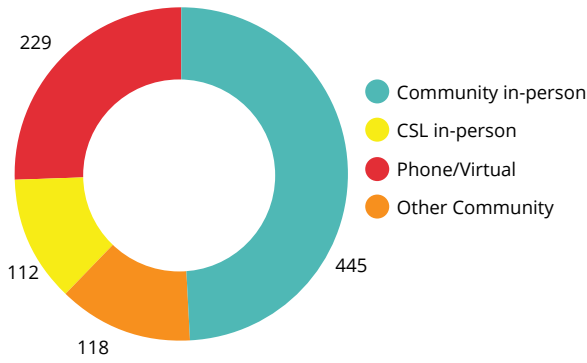


### Healing Services

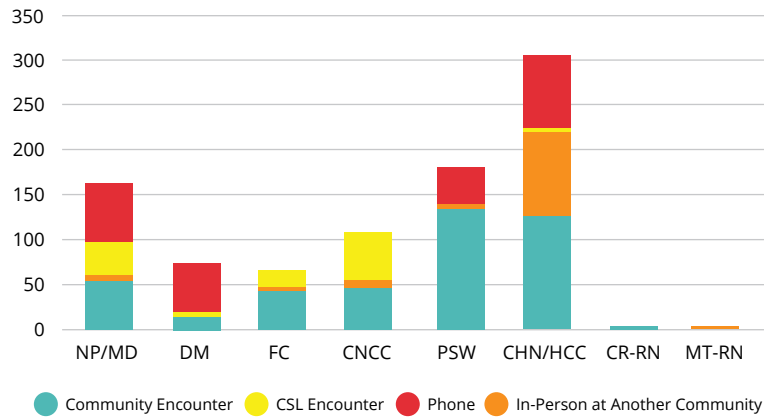


**Top emotional issues**  
 Visit for Crisis Support  
 Feeling Depressed

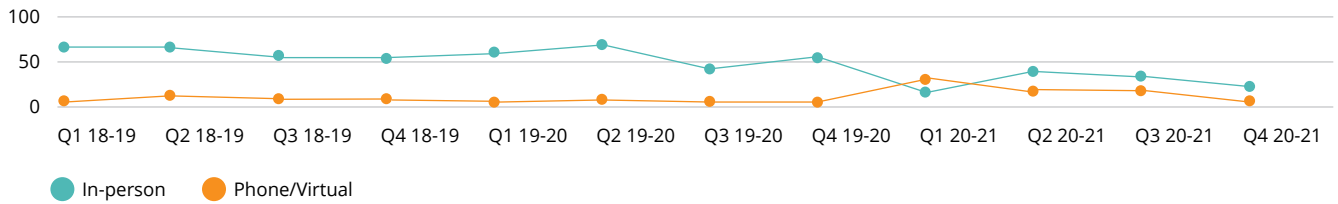
### Clinical Services



### Clinical Services



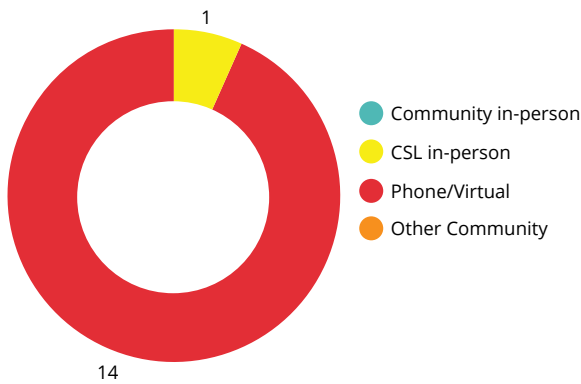
### MD/NP Encounters in last 3 years



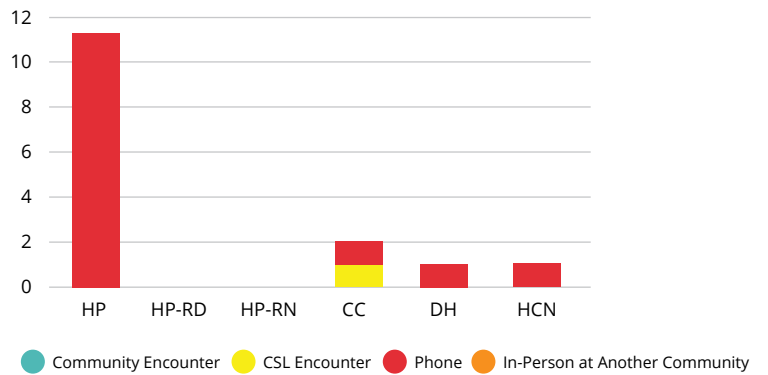
### Top 10 Health issues

Diabetes Mellitus Type 2	Anxiety
Cellulitis	Alcohol Use Disorder
Hypertension	UTI
Contraception (Female)	Iron Deficiency Anemia
Impetigo	Depression

### Program Services



### Program Services



### Health Promotion & Cultural Activities

### Top activities

Total: 7 activities, 164 participants	Meal Kits	Fish Fry
	Christmas Care package drop off	Mask Making DIY
	Varnish	

\*per GoC First Nation Profiles December 2021 Population Profile  
 \*\*More patients seen than living on reserve



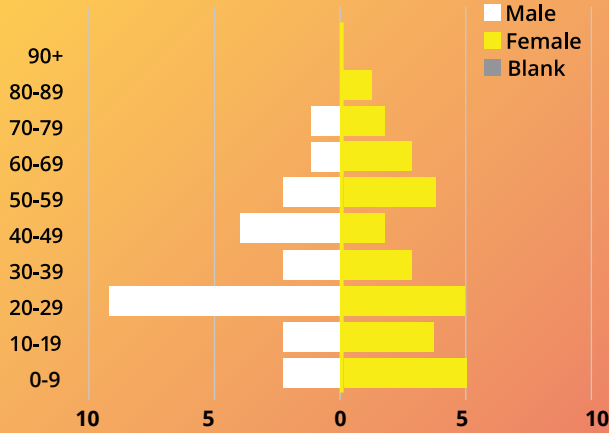
# Animakee Wa Zhing #37 - Windigo Island

On reserve population\* 196

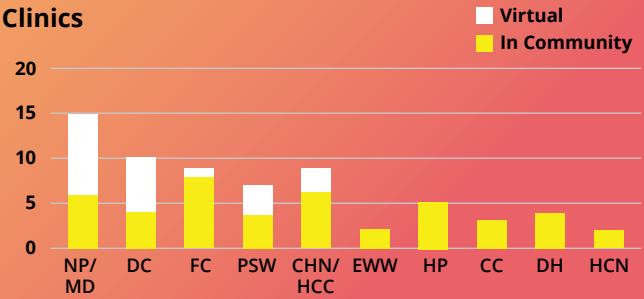
Most recent visit: AWZB\*\* 2020/21 - 21%, 2019/20 - 4%, 2018/19 - 1%

Registered clients:	51	Avg encounters per client:	8.02
Active clients:	42	Community Clinics:	44
Total encounters:	337	Virtual Clinics:	42

## Active Client Profile

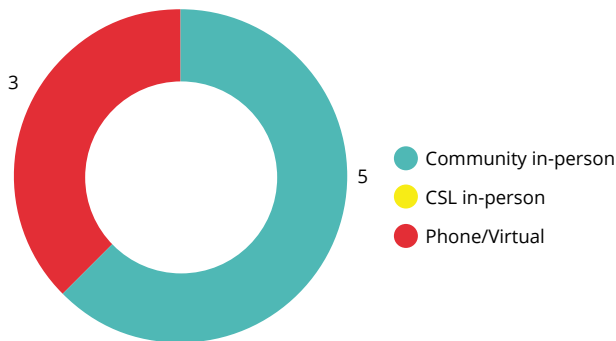


## Clinics

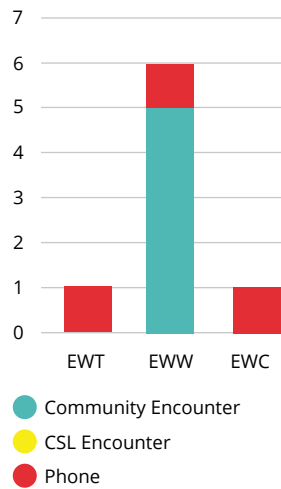


## CLIENT ENCOUNTERS

### Healing Services



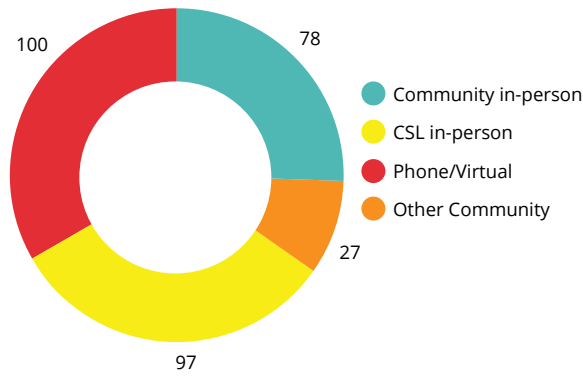
### Healing Services



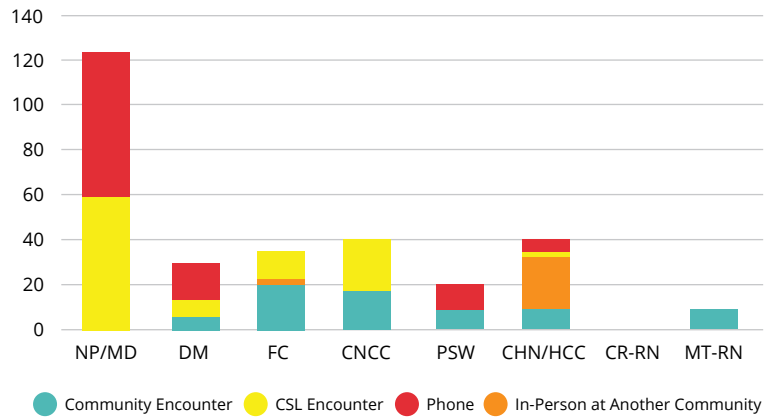
### Top emotional issues

- Visit for Crisis Support
- Feeling Overwhelmed

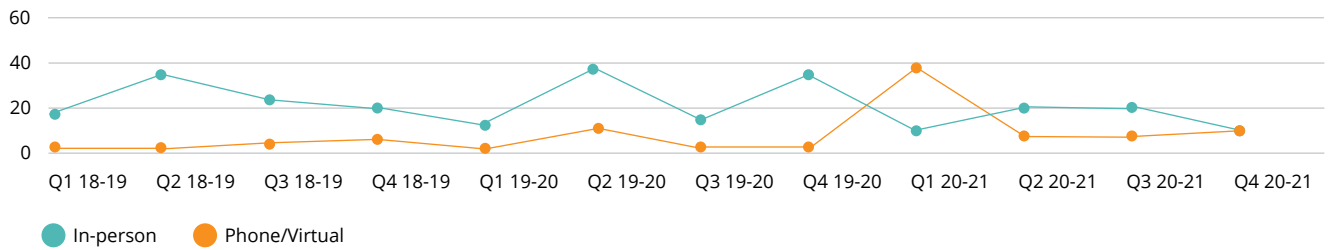
### Clinical Services



### Clinical Services

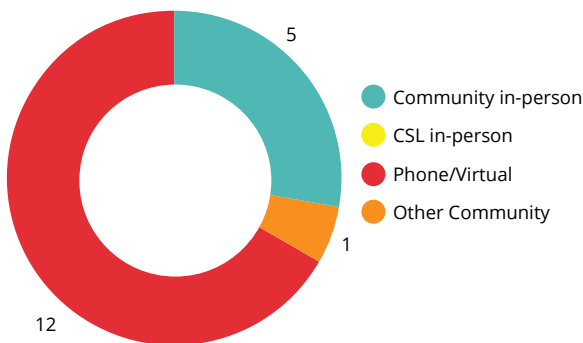


### MD/NP Encounters in last 3 years

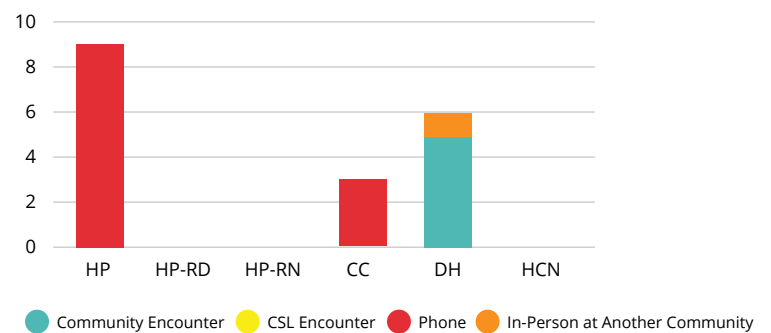


Top 10 Health issues	
Diabetes Mellitus Type 2	Asthma
Depression	Hypertension
Prenatal Care (Routine)	Back Pain
Anxiety	Pulmonary Collapse
GERD	Bronchopneumonia

### Program Services



### Program Services



Health Promotion & Cultural Activities	Top activities
Total: 2 activities, 45 participants	Varnish
	Fish Fry

\*per GoC First Nation Profiles December 2021 Population Profile  
 \*\*More patients seen than living on reserve



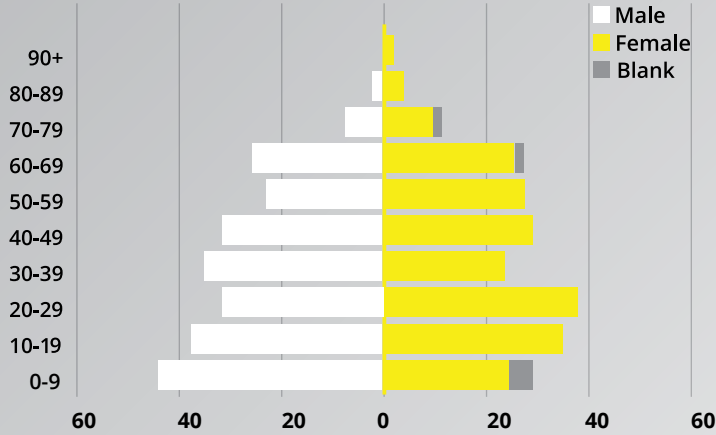
# Iskatewizaagegan #39

On reserve population\* 337

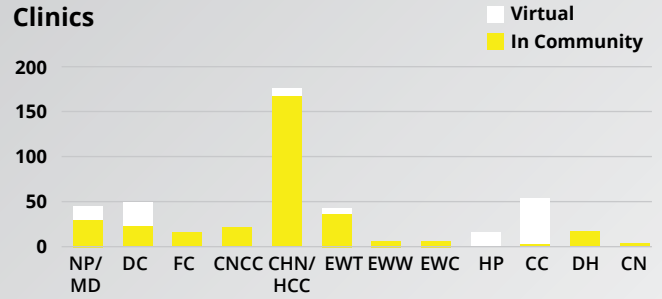
Most recent visit\*\*: 2020/21 - 117%, 2019/20 - 12%, 2018/19 - 9%, Never seen - 0%

Registered clients:	464	Avg encounters per client:	6.55
Active clients:	390	Community Clinics:	331
Total encounters:	2554	Virtual Clinics:	108

## Active Client Profile

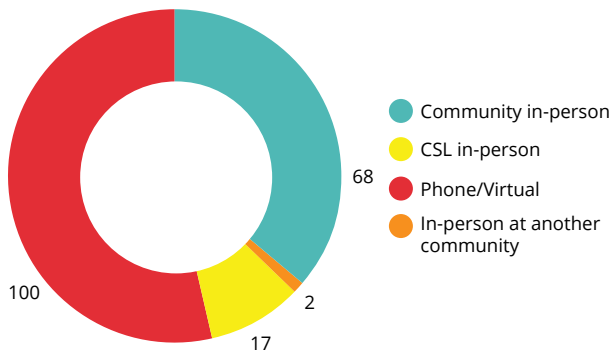


## Clinics

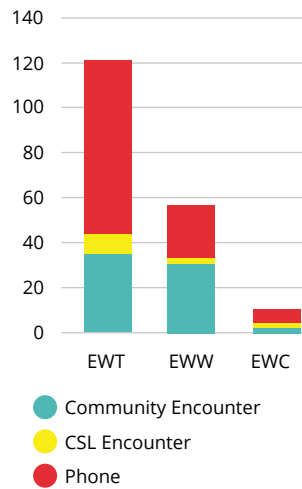


## CLIENT ENCOUNTERS

### Healing Services



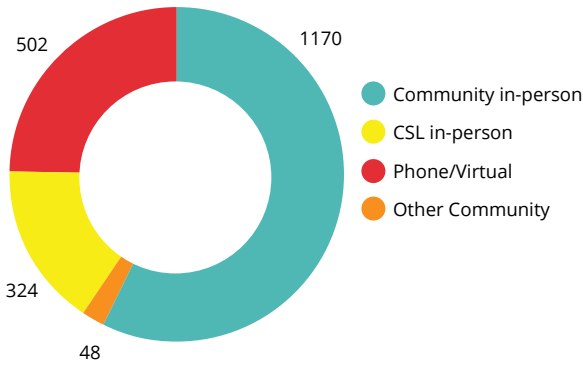
### Healing Services



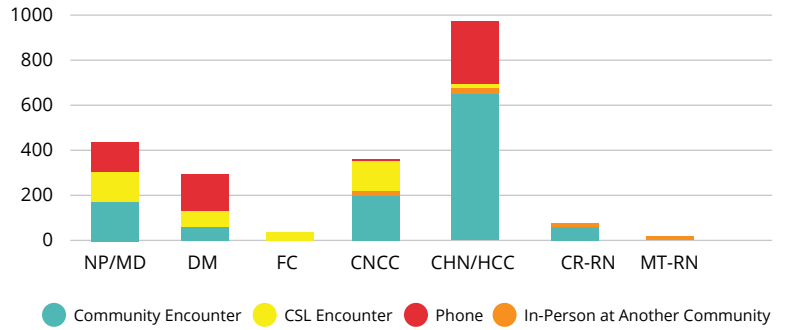
### Top 10 emotional issues

- Anxiety
- Self Harm
- Depression
- PTSD
- Feeling Overwhelmed
- Borderline Personality Disorder
- Feeling Emotional
- Bipolar Affective Disorder
- Feeling Anxious
- Feeling Stressed Out

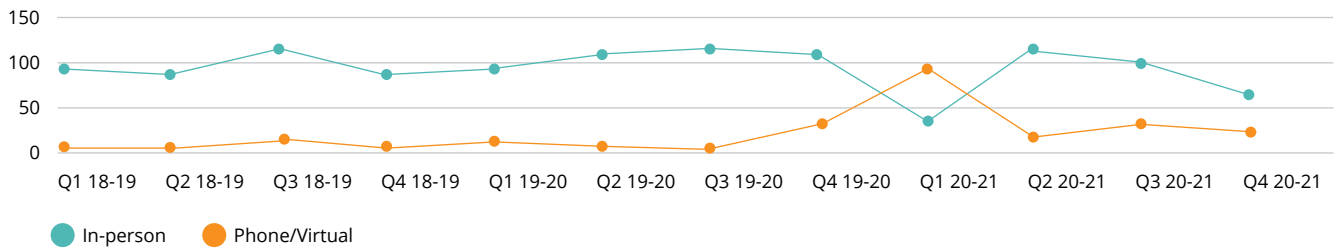
### Clinical Services



### Clinical Services



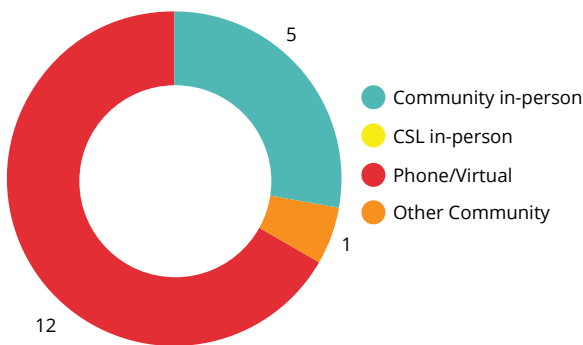
### MD/NP Encounters in last 3 years



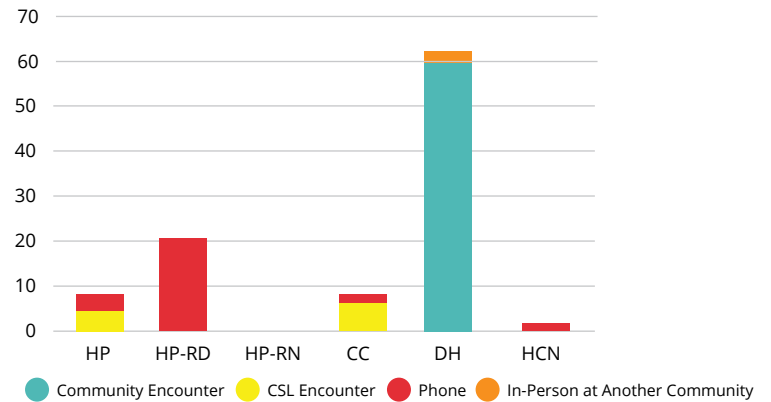
### Top 10 Health issues

Diabetes Mellitus Type 2	Prenatal Care (Routine)
Hypertension	Hyperlipidemia
Depression	UTI
Anxiety	Visit for Smoking Cessation
Upper Respiratory Infection (Acute)	GERD

### Program Services



### Program Services



### Health Promotion & Cultural Activities

### Top 5 activities

Total: 48 activities, 600 participants	Daycare Menu Development	Diabetes Sessions
	Community Food Kits	Mask Making DIY
	Varnish	

\*per GoC First Nation Profiles December 2021 Population Profile

\*\*More patients seen than living on reserve

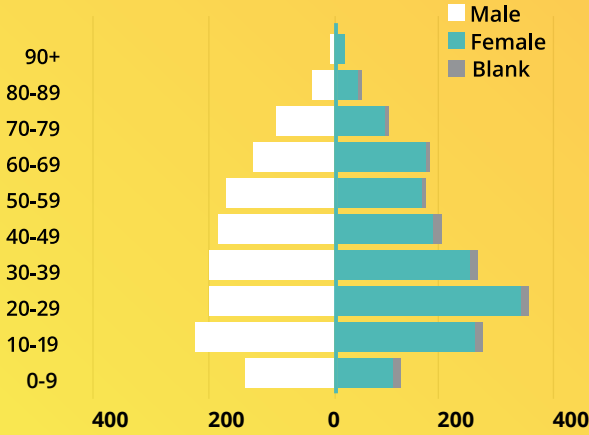


# Kenora

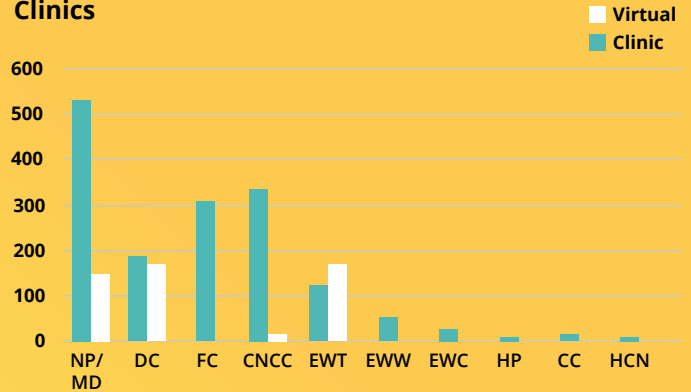
Most recent visit: 2020/21 - 62%, 2019/20 - 23%, 2018/19 - 15%

Registered clients:	2835	Avg encounters per client:	4.49
Active clients:	1770	Community Clinics:	1641
Total encounters:	7939	Virtual Clinics:	501

## Active Client Profile

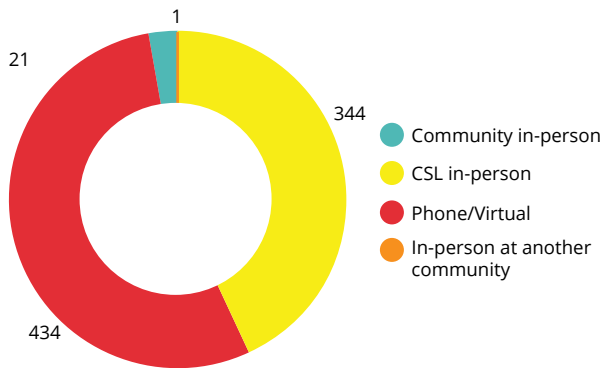


## Clinics

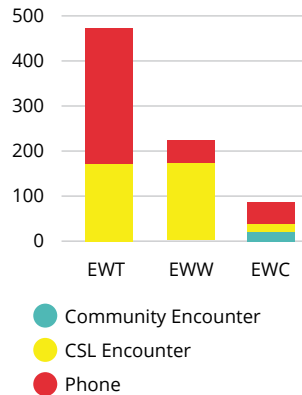


## CLIENT ENCOUNTERS

### Healing Services



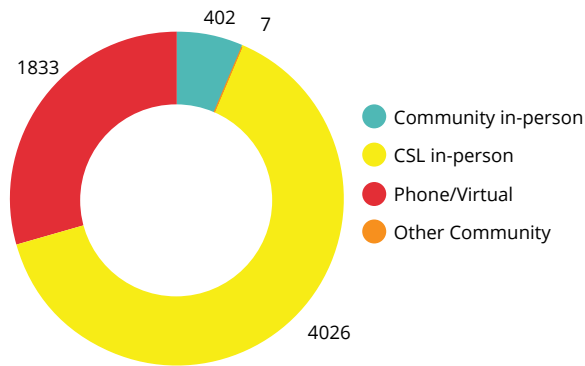
### Healing Services



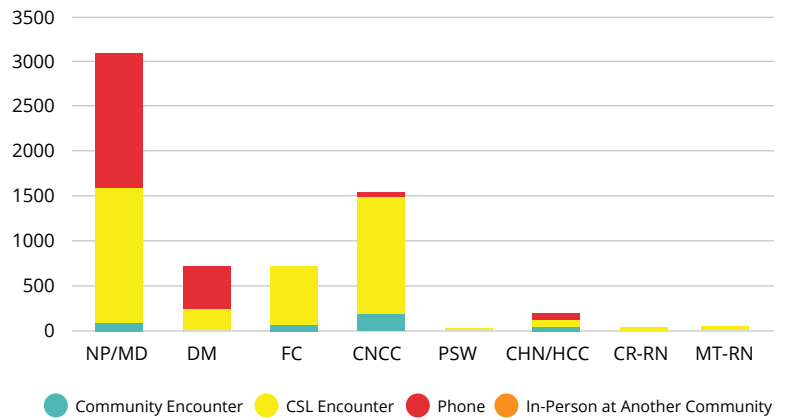
### Top 10 emotional issues

- Anxiety
- Feeling Overwhelmed
- Feeling Stressed Out
- Depression
- Relationship Problem
- Feeling Depressed
- Grief Reaction
- Family Stress
- Feeling Emotional
- Feeling Anxious

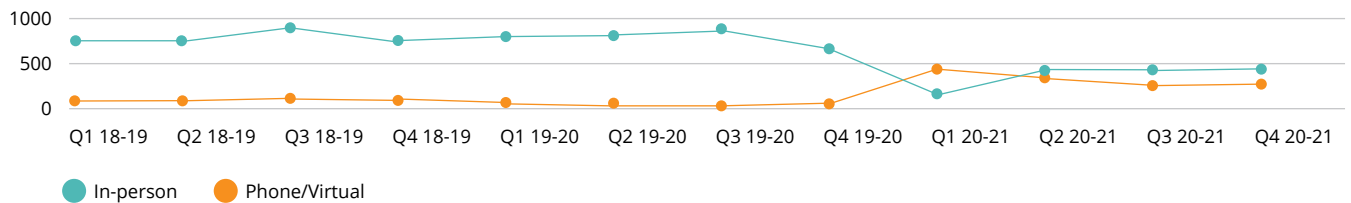
### Clinical Services



### Clinical Services



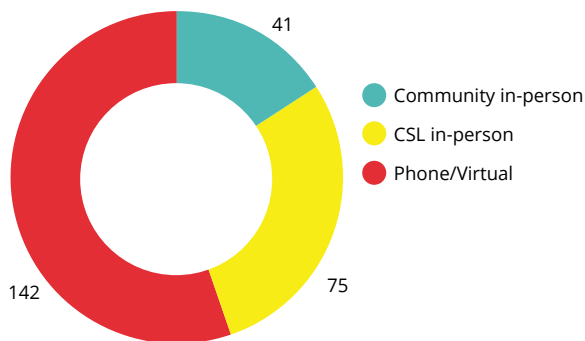
### MD/NP Encounters in last 3 years



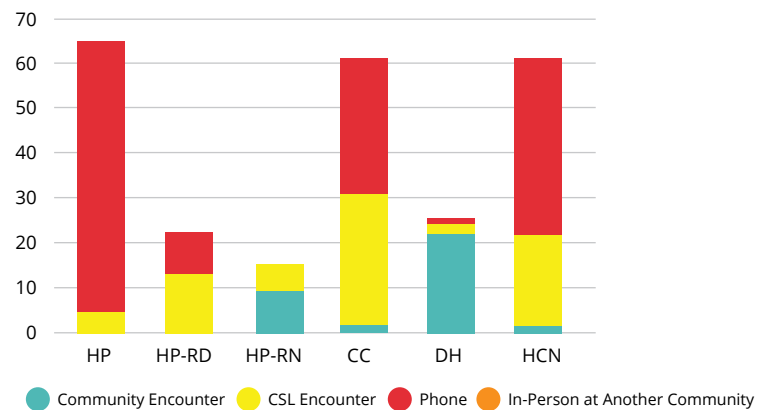
### Top 10 Health issues

Diabetes Mellitus Type 2	Hypothyroidism
Depression	Insomnia
Anxiety	Abdominal Pain
Hypertension	Confirmed Case COVID-19
GERD	ADHD

### Program Services



### Program Services



### Health Promotion & Cultural Activities

Total: 39 activities, 296 participants

### Top 5 activities

Cultural Orientation & Education WNHAC Staff	First Aid/CPR C
Traditional Healing Clinics	Shaketent ceremony
Full Moon Ceremony	

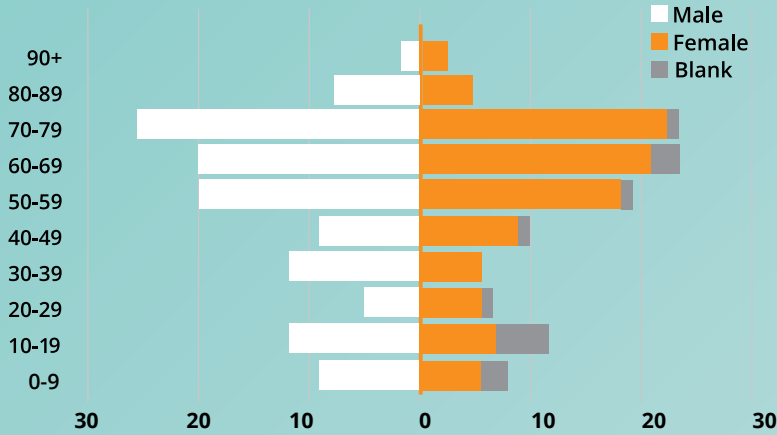


# Minaki Nursing Station

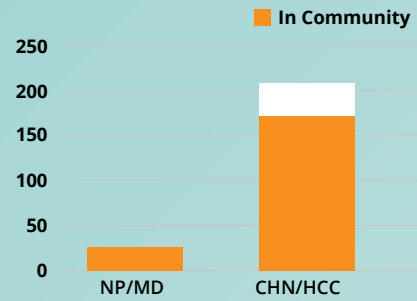
Most recent visit: 2020/21 - 66%, 2019/20 - 18%, 2018/19 - 16%

Registered clients:	231	Avg encounters per client:	6.25
Active clients:	153	Community Clinics:	183
Total encounters:	957	Virtual Clinics:	43

## Active Client Profile

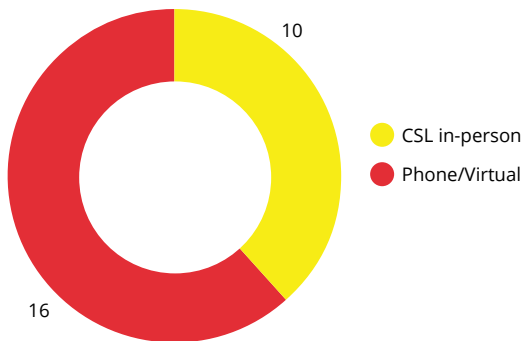


## Clinics

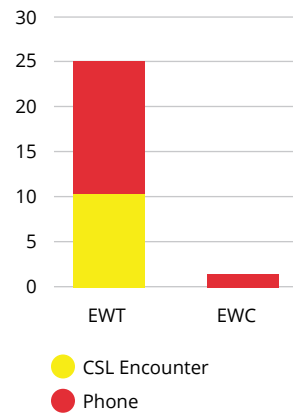


## CLIENT ENCOUNTERS

### Healing Services



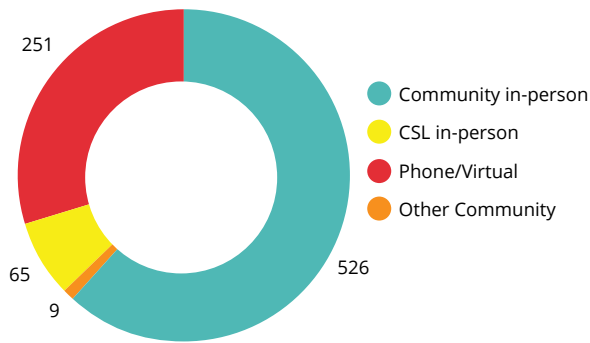
### Healing Services



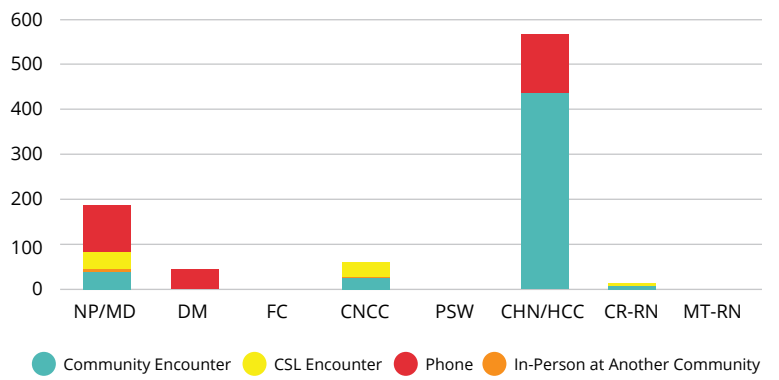
### Top 10 emotional issues

- Feeling Stressed Out
- Relationship Problem
- Feeling Lonely
- Depression
- Feeling Depressed
- Family Disruption by Separation or Divorce
- Feeling Emotional
- Feeling Overwhelmed
- Feeling Anxious
- Trauma

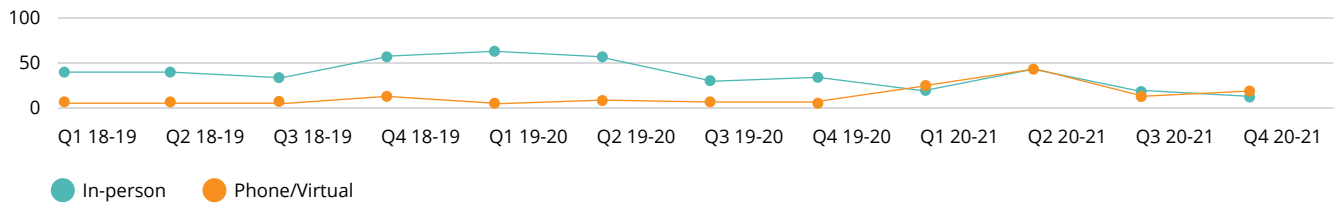
### Clinical Services



### Clinical Services

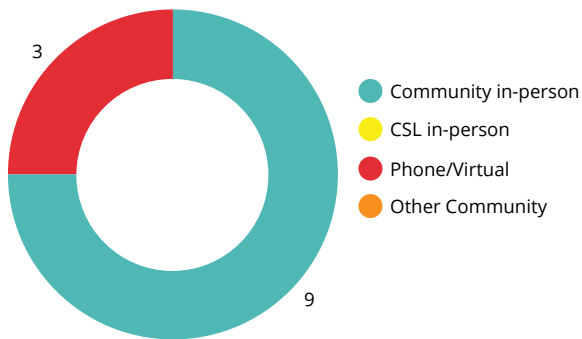


### MD/NP Encounters in last 3 years

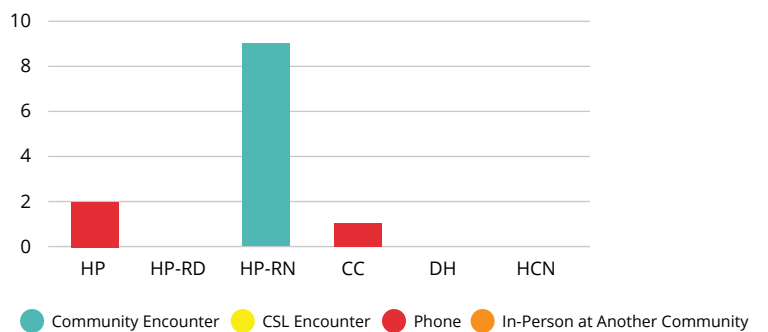


Top 10 Health issues	
Hypertension	Upper Respiratory Infection (Acute)
Motor Neuron Disease	Psoriasis
Back Pain	Diabetes Mellitus Type 2
COPD	Hyperlipidemia
Dysphagia	Cancer Pain

### Program Services



### Program Services



Health Promotion & Cultural Activities
N/A



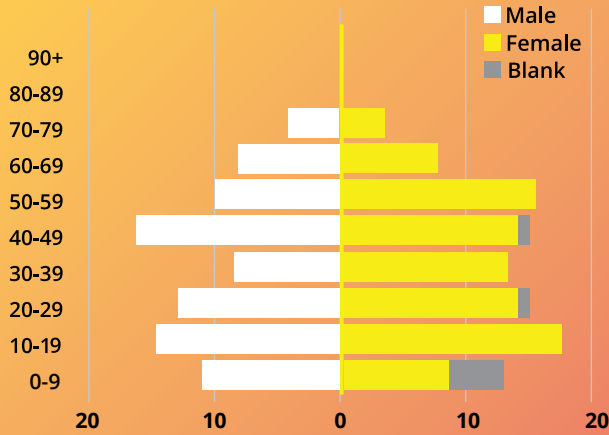
# Niisaachewan Anishinaabe Nation

On reserve population\* 168

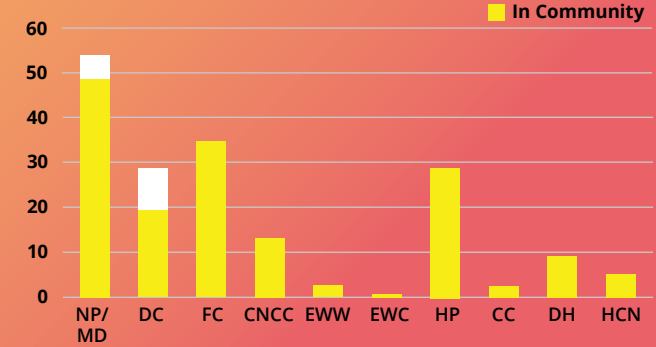
Most recent visit: 2020/21 - 88%, 2019/20 - 10%, 2018/19 - 7%, Never seen - 0%

Registered clients:	175	Avg encounters per client:	5.24
Active clients:	147	Community Clinics:	165
Total encounters:	771	Virtual Clinics:	15

## Active Client Profile

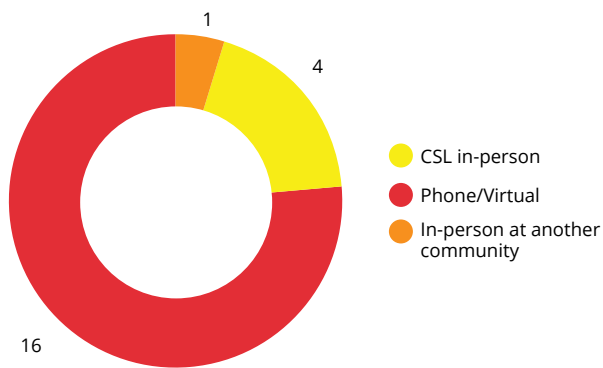


## Clinics

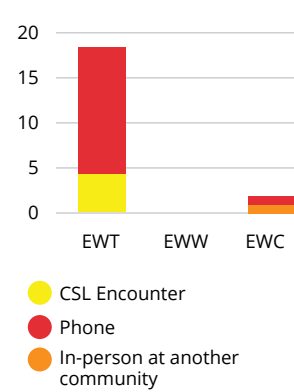


## CLIENT ENCOUNTERS

### Healing Services



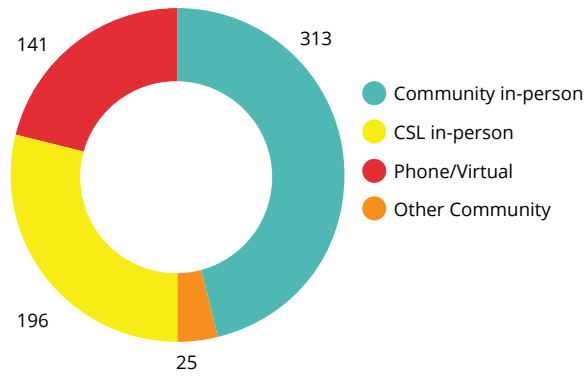
### Healing Services



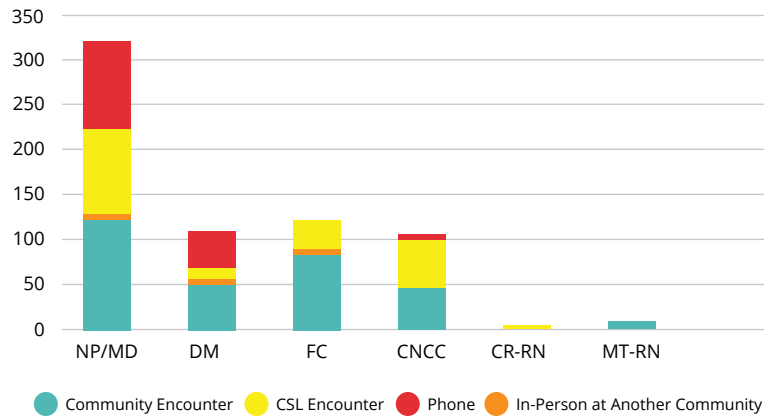
### Top 10 emotional issues

- Anxiety
- Feeling Stressed Out
- Depression
- Grief Reaction
- Alcohol Abuse
- Anger Management Problem in Child
- Feeling Overwhelmed
- Thoughts of Self Harm
- Disturbance of Sleep
- Feeling Emotional

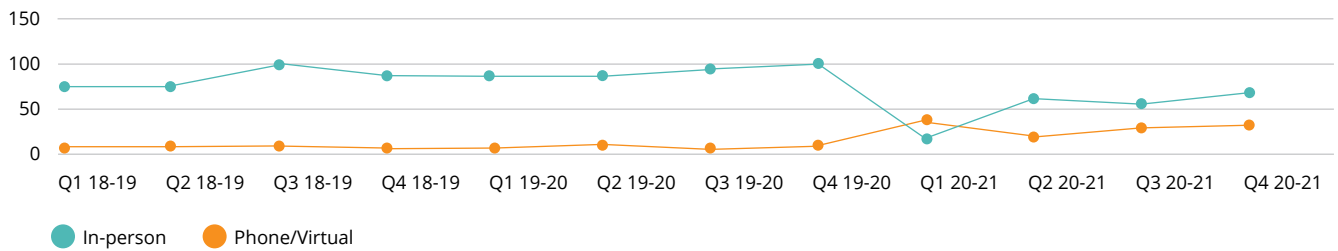
### Clinical Services



### Clinical Services

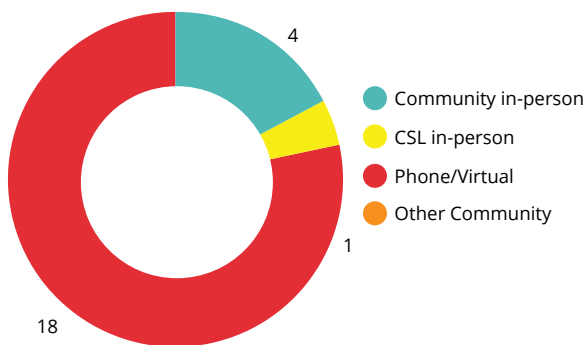


### MD/NP Encounters in last 3 years

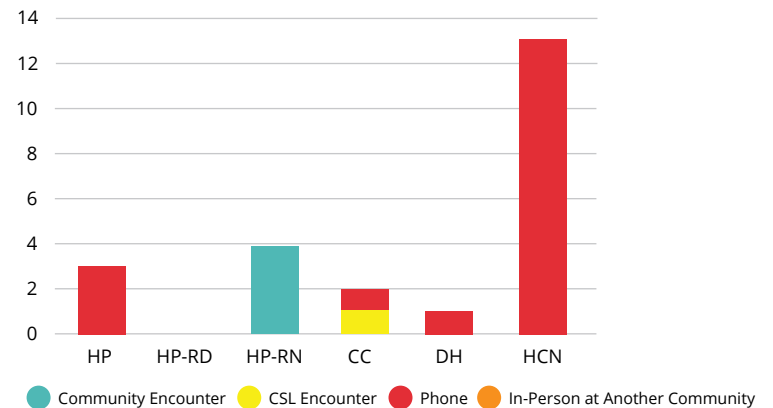


Top 10 Health issues	
Diabetes Mellitus Type 2	Abnormal Liver Function Study
Hypertension	Back Pain
Urinary Tract Infection	Alcohol Addiction
Pediculosis	Prenatal Care (Routine)
Rheumatoid Arthritis	Contraception (Female)

### Program Services



### Program Services



Health Promotion & Cultural Activities	Top 5 activities	
Total: 17 activities, 240 participants	Prenatal	Drive in Movie
	Meal Kits	Infection Control
	Trailblazer	

\*per GoC First Nation Profiles December 2021 Population Profile  
 \*\*More patients seen than living on reserve



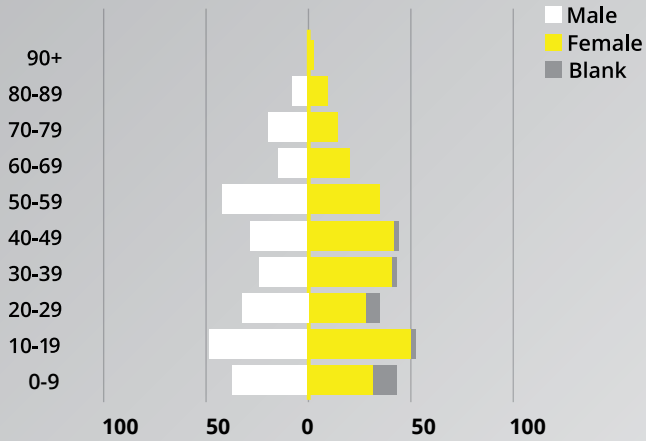
# Nootkamegwaning First Nation

On reserve population\* 740

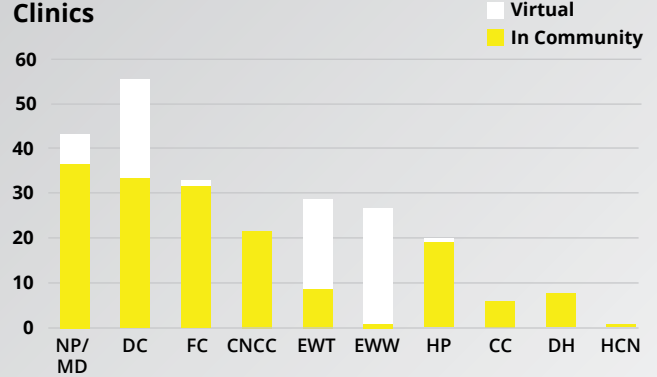
Most recent visit: 2020/21 - 42%, 2019/20 - 19%, 2018/19 - 7%, Never seen - 32%

Registered clients:	502	Avg encounters per client:	4.43
Active clients:	314	Community Clinics:	166
Total encounters:	1390	Virtual Clinics:	73

## Active Client Profile

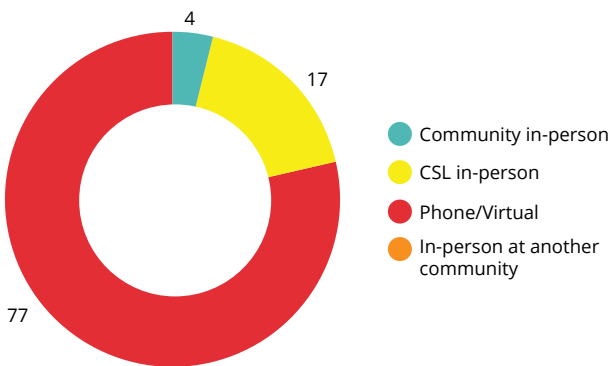


## Clinics

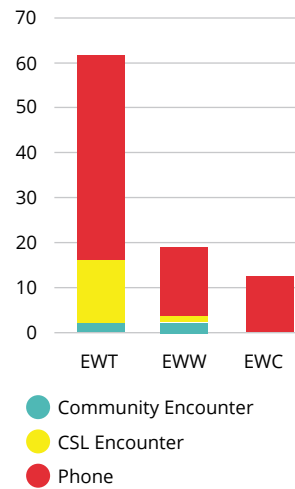


## CLIENT ENCOUNTERS

### Healing Services



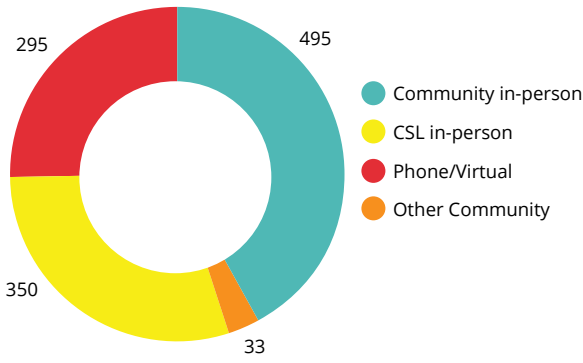
### Healing Services



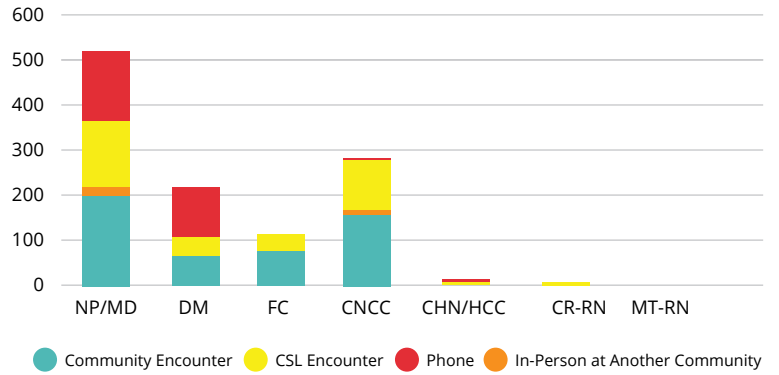
### Top 10 emotional issues

- Depression
- Anxiety
- Grief Reaction
- Family Stress
- Feeling Stressed Out
- Feeling Overwhelmed
- Panic Attacks
- Relationship Problem
- Alcohol Abuse
- Affective Psychosis

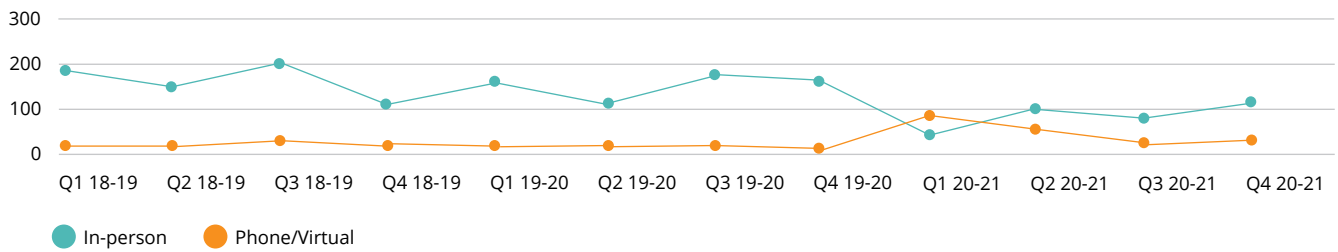
### Clinical Services



### Clinical Services



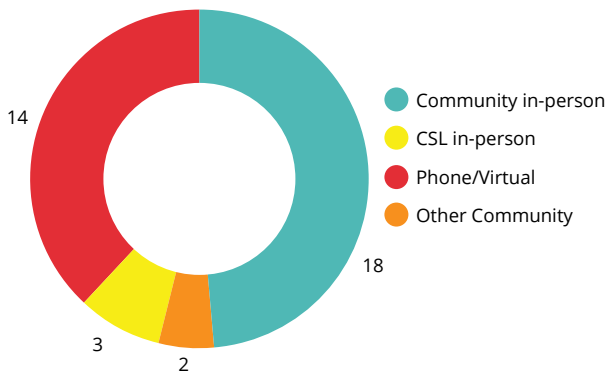
### MD/NP Encounters in last 3 years



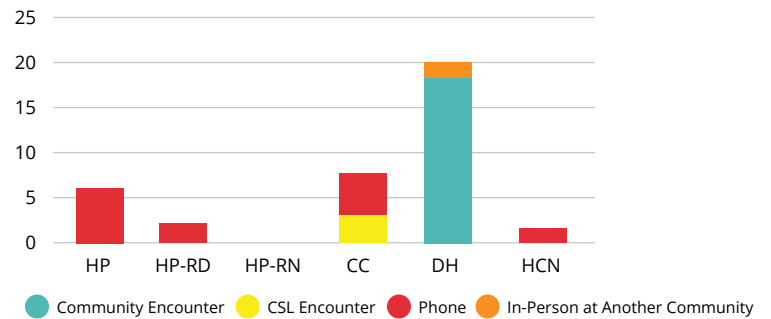
#### Top 10 Health issues

Diabetes Mellitus Type 2	Rash
Hypertension	Depression
Abdominal Pain	Positive TB Test
Anxiety	Asthma
GERD	Impetigo

### Program Services



### Program Services



#### Health Promotion & Cultural Activities

Total: 14 activities, 264 participants

#### Top 5 activities

Meal Kits	Youth Oral Health Kits
Varnish	Youth Wellness Packs
Christmas Care package drop off	

\*per GoC First Nation Profiles December 2021 Population Profile



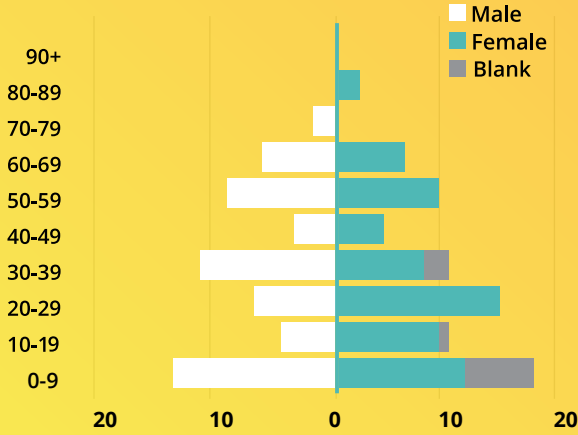
# Northwest Angle #33 - Dog Paw Lake

On reserve population\* 222

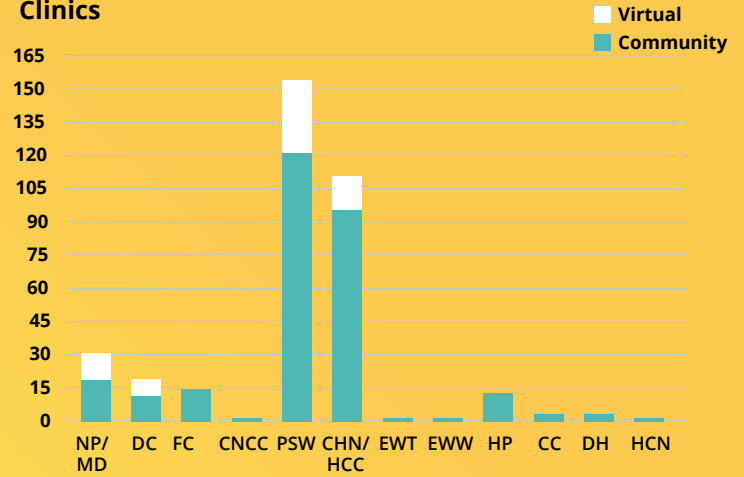
Most recent visit: 2020/21 - 42%, 2019/20 - 10%, 2018/19 - 5%, Never seen - 10%

Registered clients:	125	Avg encounters per client:	9.11
Active clients:	93	Community Clinics:	213
Total encounters:	847	Virtual Clinics:	51

## Active Client Profile

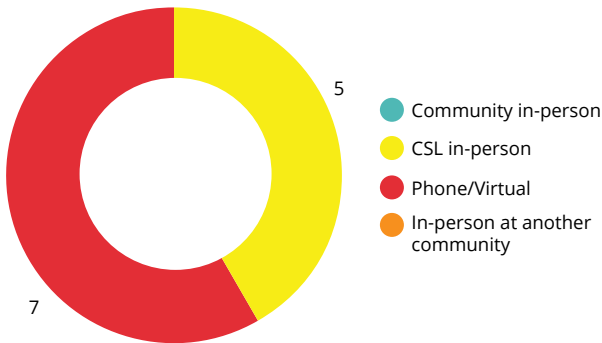


## Clinics

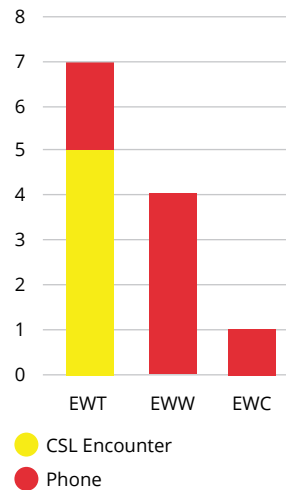


## CLIENT ENCOUNTERS

### Healing Services



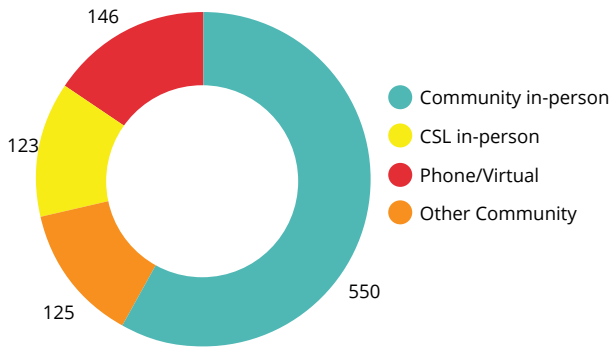
### Healing Services



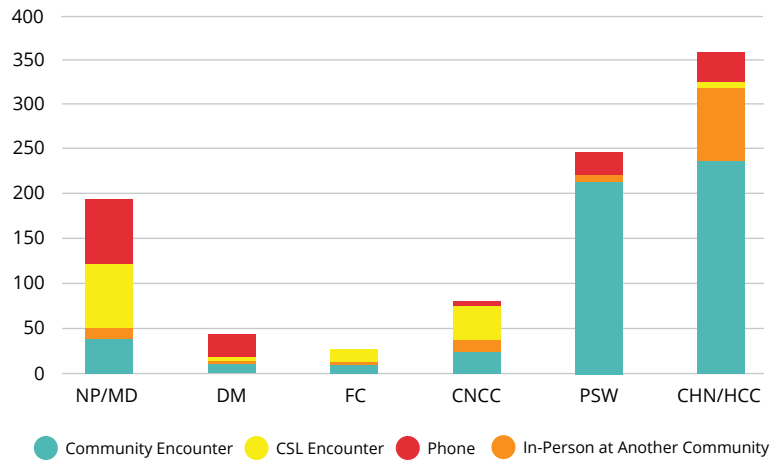
### Top 10 emotional issues

- PTSD
- Feeling Stressed Out
- Anxiety
- Depression
- Family Stress
- Feeling Emotional
- Relationship Problem with Boyfriend / Girlfriend
- Visual Hallucination
- Disturbance of Sleep
- Past History of Being Sexually Abused

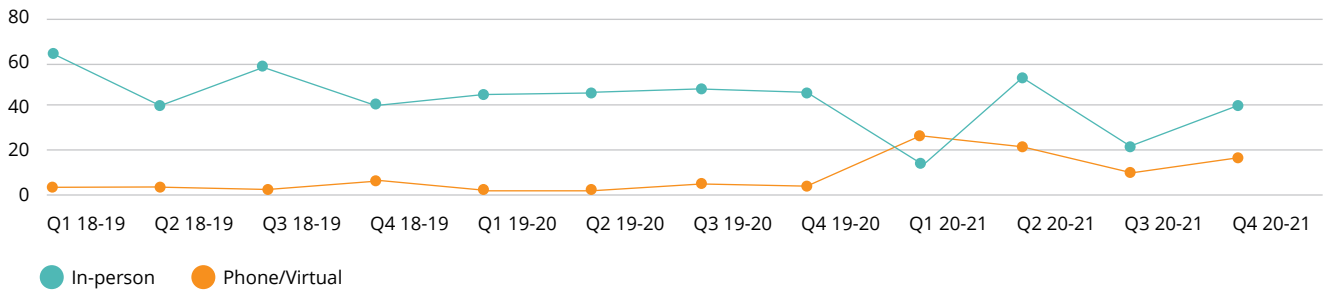
### Clinical Services



### Clinical Services



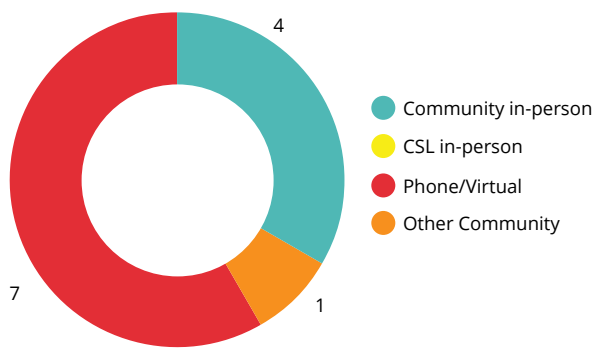
### MD/NP Encounters in last 3 years



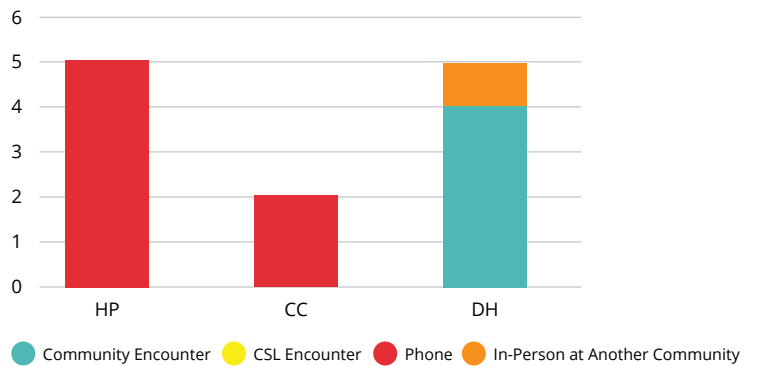
### Top 10 Health issues

Diabetes Mellitus Type 2	Hypertension
Back Pain	Head Lice Infestation
Impetigo	Chest Pain
Anxiety	GERD
Depression	Osteoarthritis

### Program Services



### Program Services



### Health Promotion & Cultural Activities

Total: 5 activities, 121 participants	Top activities	
	Trailblazer	Christmas Care package drop off
	Varnish	Fish Fry

\*per GoC First Nation Profiles December 2021 Population Profile



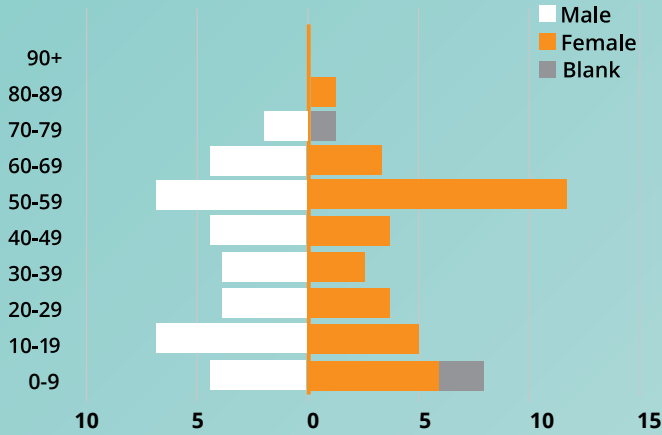
# Northwest Angle #33 - Angle Inlet

On reserve population\* 222

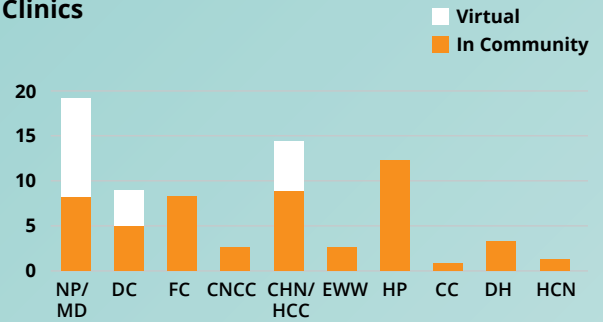
Most recent visit: 2020/21 - 29%, 2019/20 - 2%, 2018/19 - 2%

Registered clients:	74	Avg encounters per client:	6.46
Active clients:	65	Community Clinics:	51
Total encounters:	420	Virtual Clinics:	20

## Active Client Profile

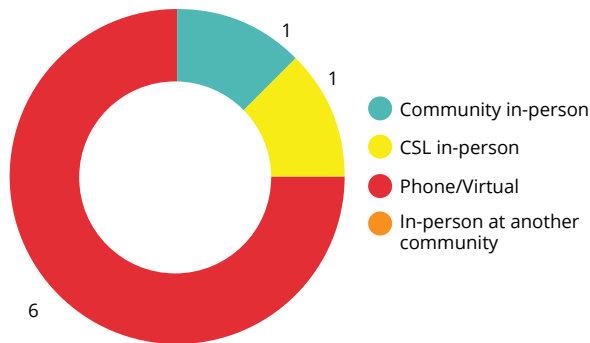


## Clinics

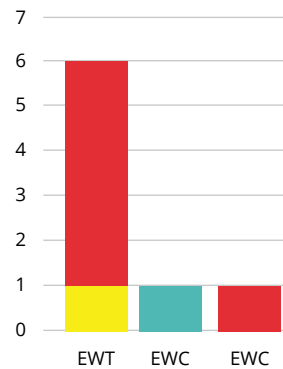


## CLIENT ENCOUNTERS

### Healing Services



### Healing Services

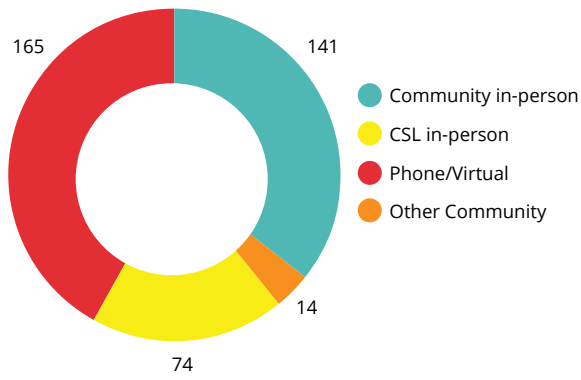


- Community in-person
- CSL in-person
- Phone/Virtual
- In-person at another community

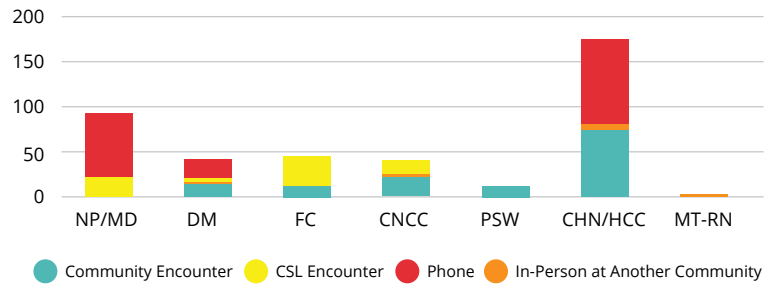
### Top emotional issues

- Grief Reaction
- Feeling Depressed
- Feeling Overwhelmed
- Feeling Stressed Out
- Visit for Crisis Support
- Feeling Emotional

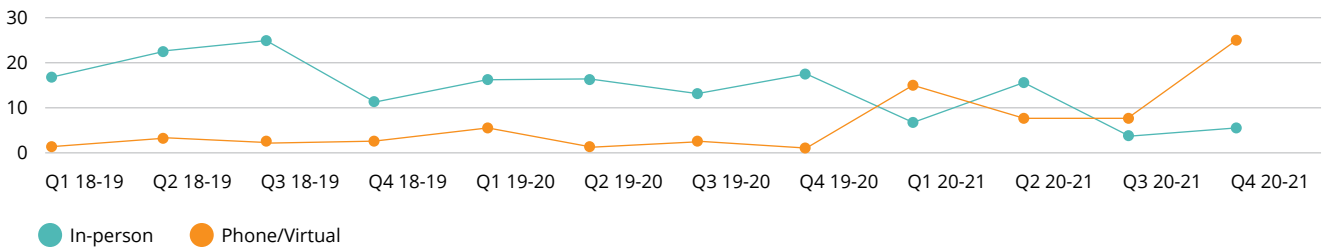
### Clinical Services



### Clinical Services

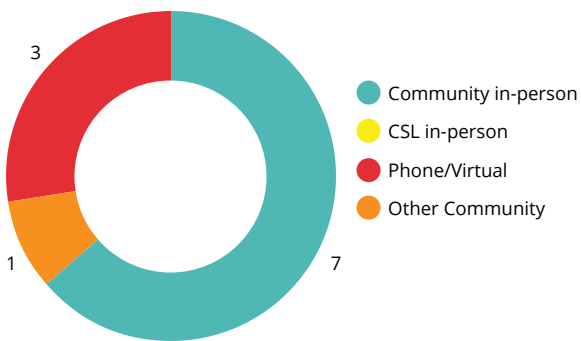


### MD/NP Encounters in last 3 years

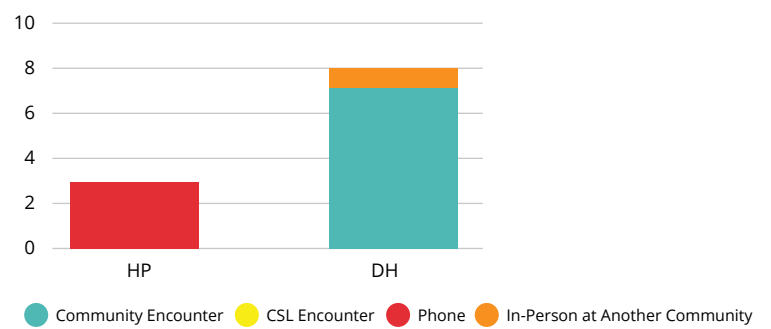


Top 10 Health issues	
Anxiety	Post-Concussion Brain Syndrome
Diabetes Mellitus Type 2	Cellulitis
Rheumatoid Arthritis	Depression
Confirmed Case COVID-19	Head Injury
Hypertension	Osteoarthritis

### Program Services



### Program Services



Health Promotion & Cultural Activities	Top activities
Total: 3 activities, 48 participants	First Aid CPR AED IV c
	Fish Fry

\*per GoC First Nation Profiles December 2021 Population Profile



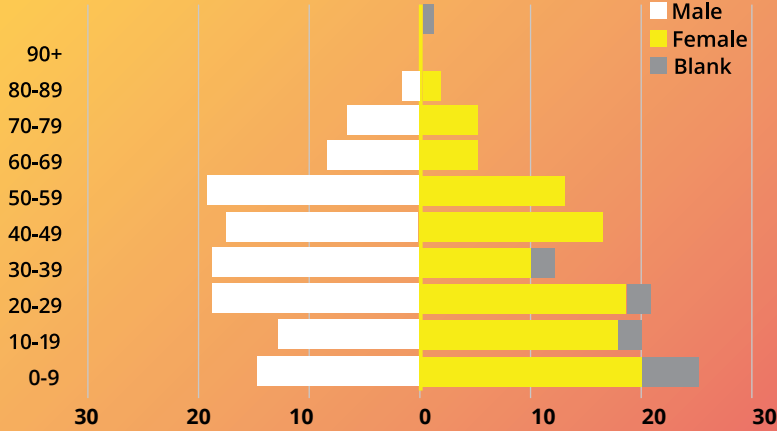
# Shoal Lake #40

On reserve population\* 292

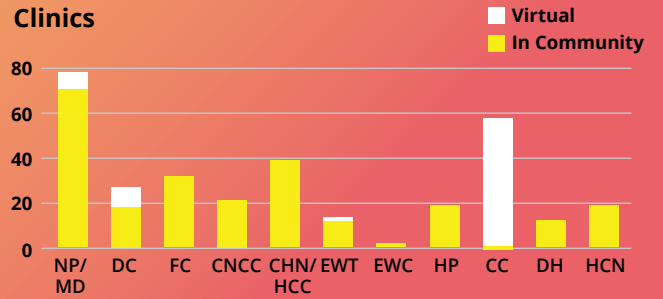
Most recent visit: 2020/21 - 65%, 2019/20 - 14%, 2018/19 - 2%, Never seen - 19%

Registered clients:	236	Avg encounters per client:	4.92
Active clients:	190	Community Clinics:	231
Total encounters:	934	Virtual Clinics:	67

## Active Client Profile

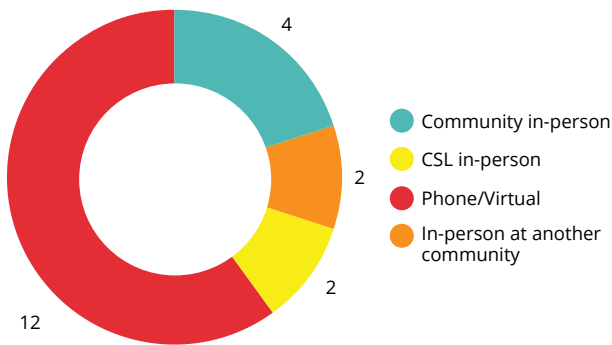


## Clinics

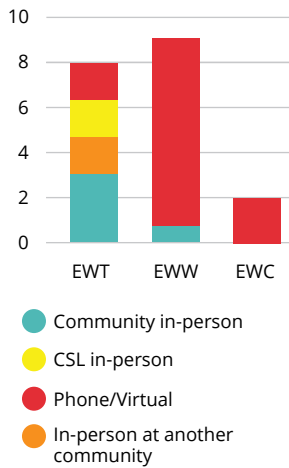


## CLIENT ENCOUNTERS

### Healing Services



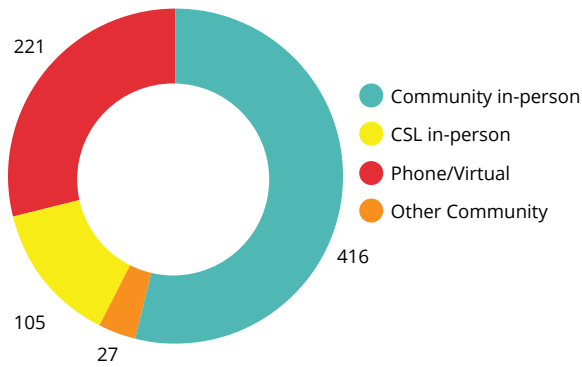
### Healing Services



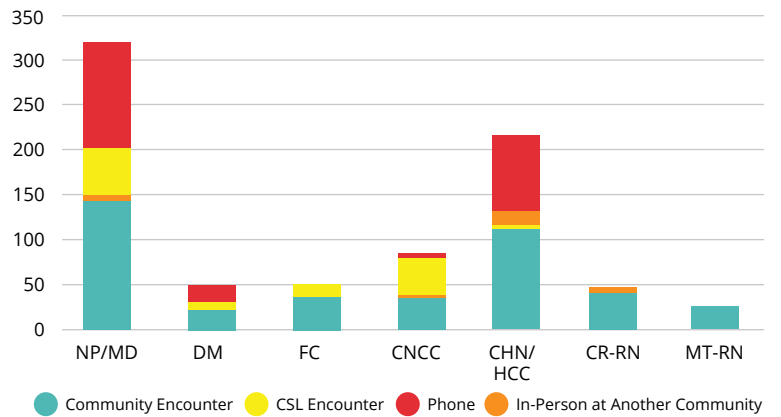
### Top 10 emotional issues

- Feeling Emotional
- Relationship Problem Between Partners
- Behavior Symptoms
- Depression
- Family Stress
- Relationship Problem
- Feeling Depressed
- Stressful Life Event Affecting Family
- Substance Abuse
- Thoughts of Self Harm

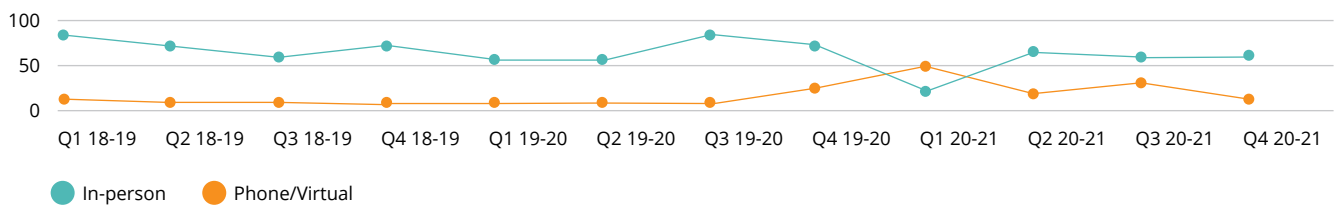
### Clinical Services



### Clinical Services

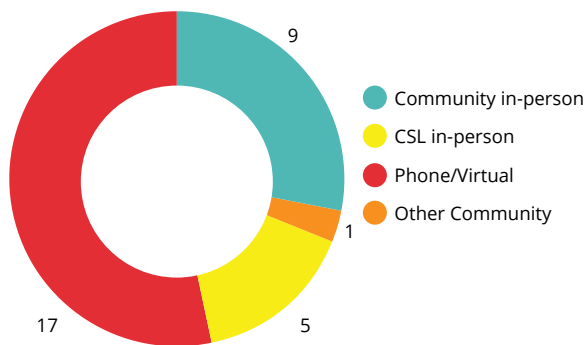


### MD/NP Encounters in last 3 years

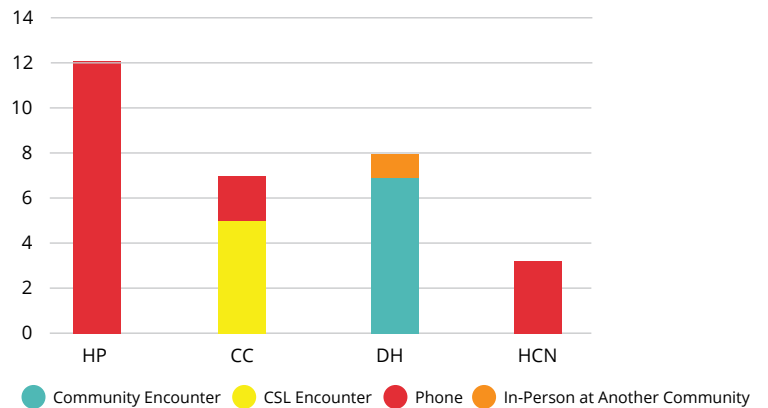


Top 10 Health issues	
Diabetes Mellitus Type 2	Abdominal Pain
Hypertension	Back Pain
Cellulitis	Anemia
GERD	Venous Leg Ulcer
Prenatal Care (Routine)	Dementia

### 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



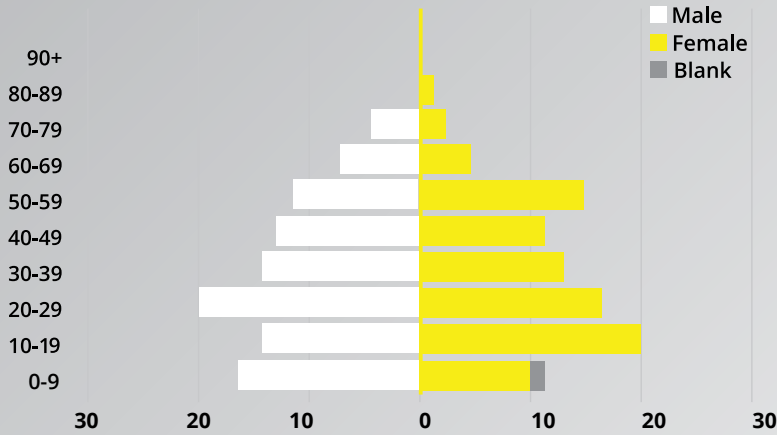
# Washagamis Bay First Nation

On reserve population\* 154

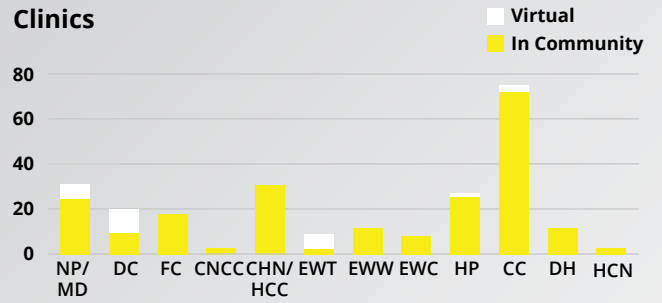
Most recent visit\*\*: 2020/21 - 115%, 2019/20 - 7%, 2018/19 - 6%, Never seen - 0%

Registered clients:	198	Avg encounters per client:	5.79
Active clients:	177	Community Clinics:	206
Total encounters:	1024	Virtual Clinics:	27

## Active Client Profile

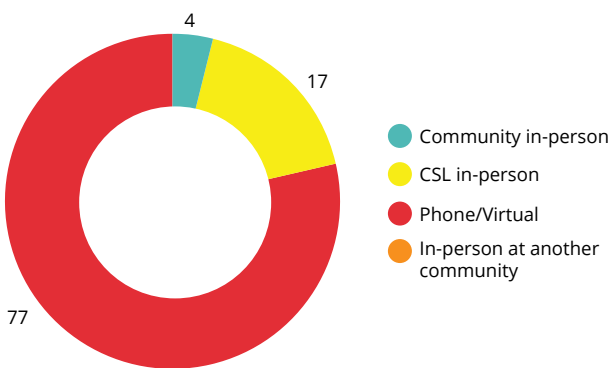


## Clinics

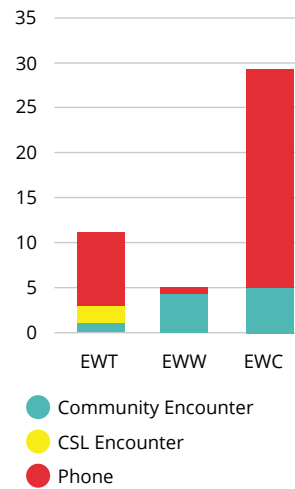


## CLIENT ENCOUNTERS

### Healing Services



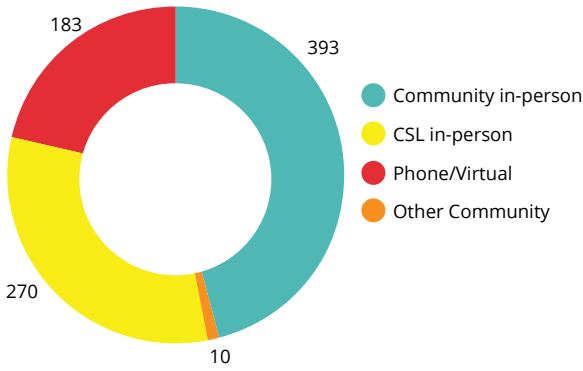
### Healing Services



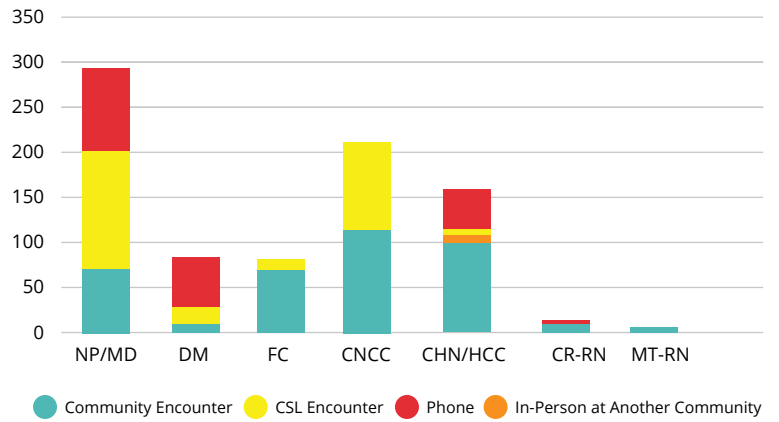
### Top 10 emotional issues

- Visit for Crisis Support
- Visit for Screening
- Anxiety
- Feeling Stressed Out
- Visit for New Client Intake
- Feeling Depressed
- Family Stress
- Relationship Problem
- Alcohol Abuse
- Alcohol Use

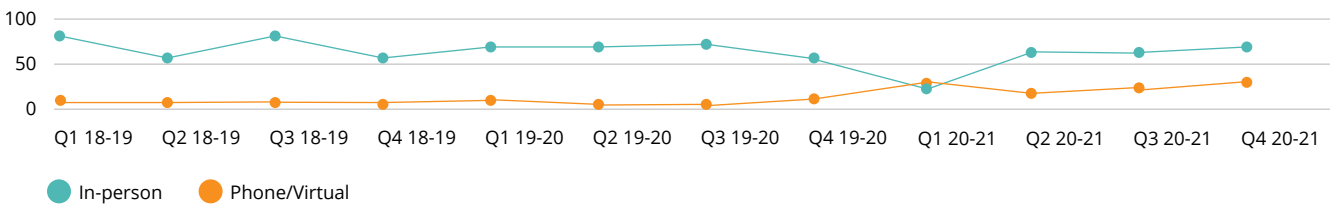
### Clinical Services



### Clinical Services



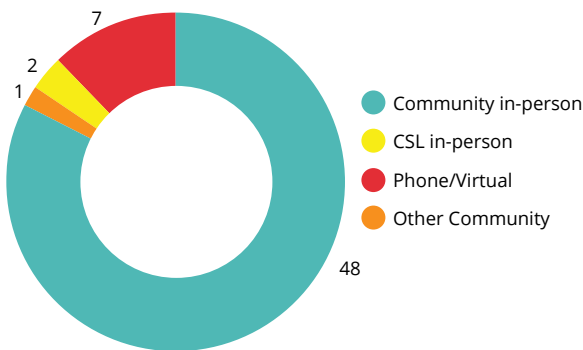
### MD/NP Encounters in last 3 years



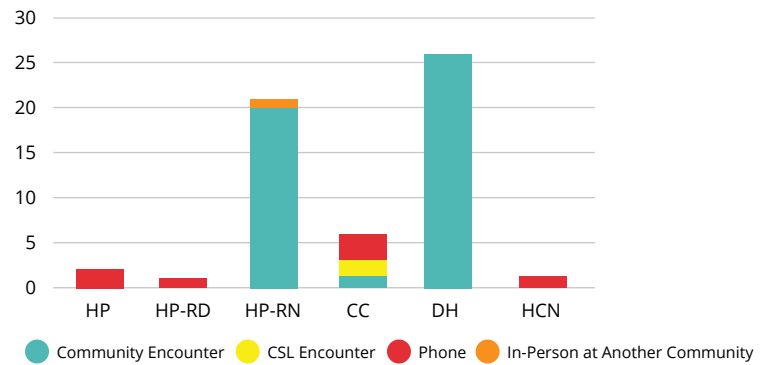
### Top 10 Health issues

Diabetes Mellitus Type 2	Arthritis
Hypertension	GERD
Rheumatoid Arthritis	Hyperlipidemia
Depression	Alcohol Abuse
Anxiety	Abdominal Pain

### Program Services



### Program Services



### Health Promotion & Cultural Activities

Total: 27 activities, 345 participants

### Top 5 activities

- School Programming
- Community Food Kits
- Varnish
- Full Moon Ceremony
- Sweatlodge

\*per GoC First Nation Profiles December 2021 Population Profile  
 \*\*More patients seen than living on reserve



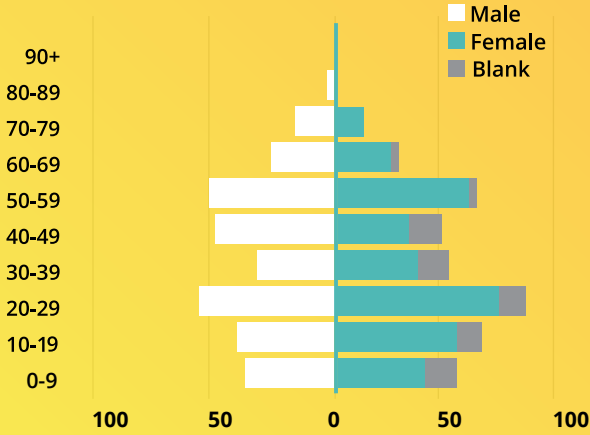
# Wabaseemoong Independent Nation

On reserve population\* 1005

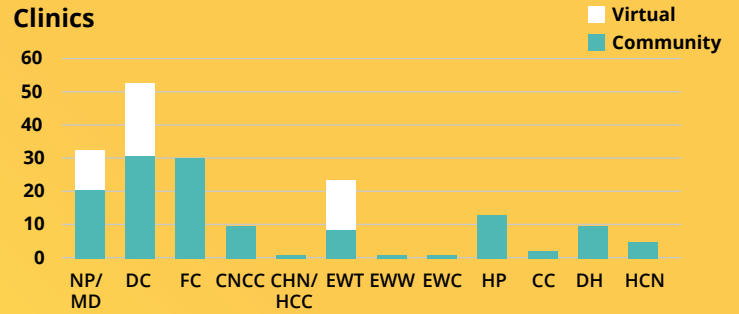
Most recent visit: 2020/21 - 60%, 2019/20 - 6%, 2018/19 - 3%, Never seen - 31%

Registered clients:	695	Avg encounters per client:	3.22
Active clients:	598	Community Clinics:	129
Total encounters:	1926	Virtual Clinics:	53

## Active Client Profile

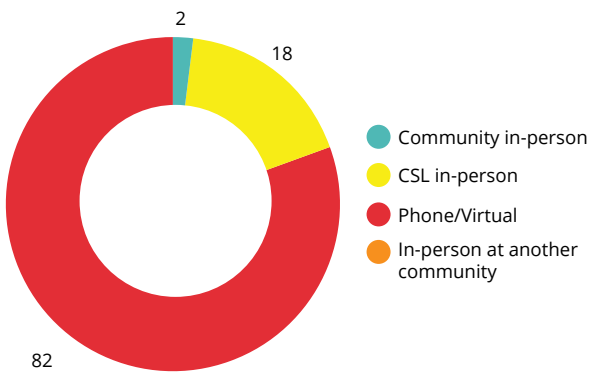


## Clinics

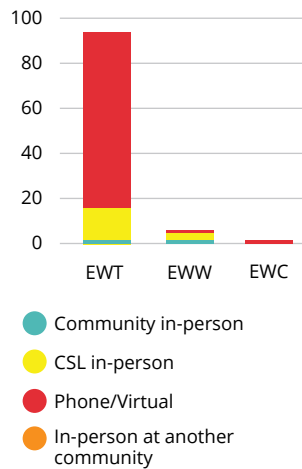


## CLIENT ENCOUNTERS

### Healing Services



### Healing Services

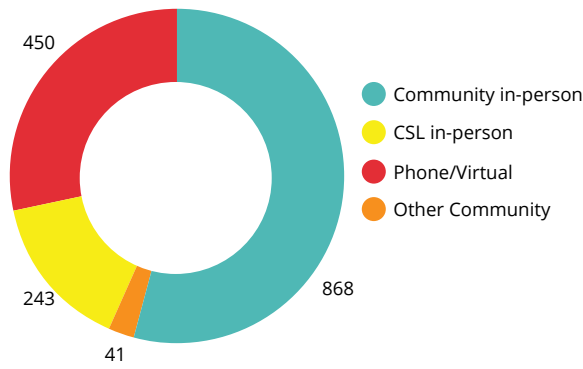


### Top 10 emotional issues

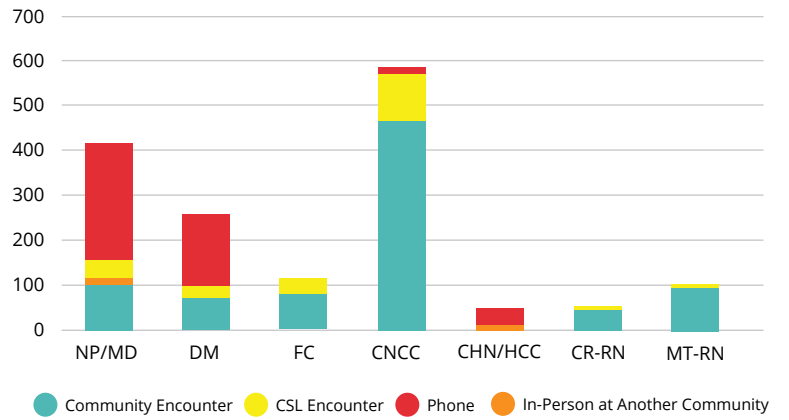
- Family Stress
- Depression
- Feeling Stressed Out
- Grief Reaction
- Feeling Overwhelmed
- Relationship Problem
- Anxiety
- ADHD
- Alcohol Abuse
- PTSD



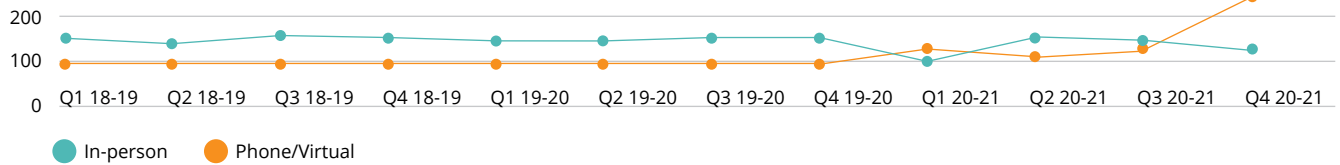
### Clinical Services



### Clinical Services



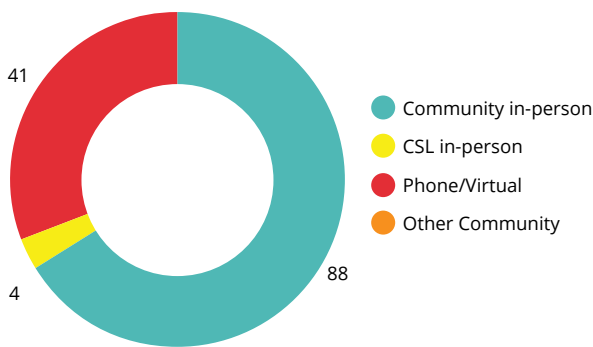
### MD/NP Encounters in last 3 years



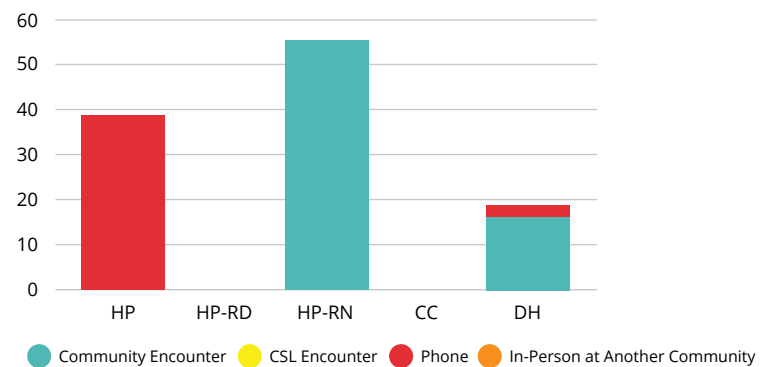
### Top 10 Health issues

Confirmed Case COVID-19	Insomnia
Diabetes Mellitus Type 2	Depression
Hypertension	Prenatal Care (Routine)
Probable Case COVID-19	Contraception (Female)
Anxiety	Anemia

### Program Services



### Program Services



### Health Promotion & Cultural Activities

### Top activities

Total: 8 activities, 278 participants	Prenatal	Cookies in a Jar & Christmas Craft
	Varnish	Meal Kits
	COVID Support	

\*per GoC First Nation Profiles December 2021 Population Profile



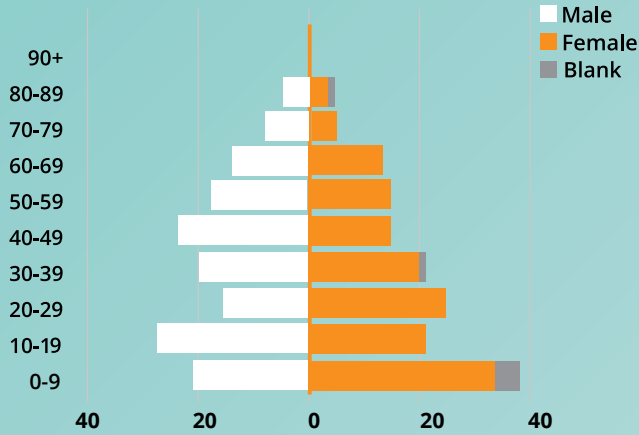
# Wauzhushk Onigum

On reserve population\* 384

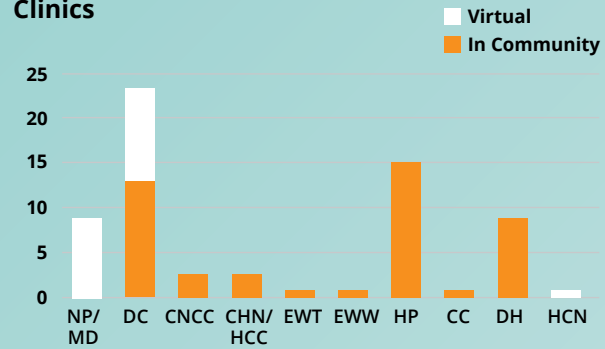
Most recent visit: 2020/21 - 49%, 2019/20 - 18%, 2018/19 - 10%, Never seen - 23%

Registered clients:	297	Avg encounters per client:	4.33
Active clients:	184	Community Clinics:	45
Total encounters:	796	Virtual Clinics:	20

## Active Client Profile

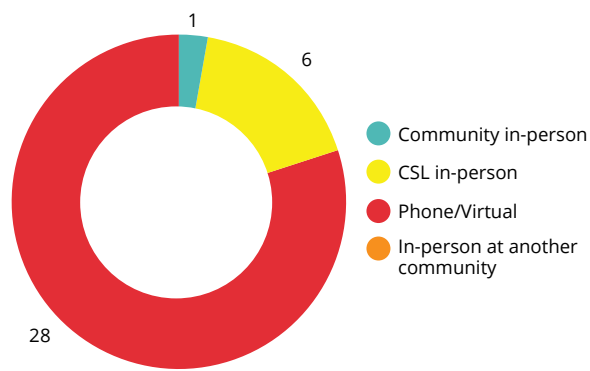


## Clinics

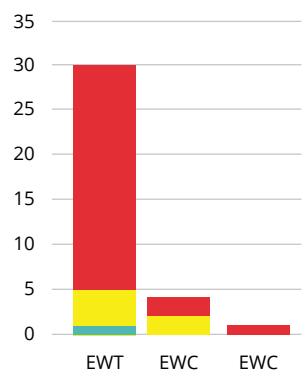


## CLIENT ENCOUNTERS

### Healing Services



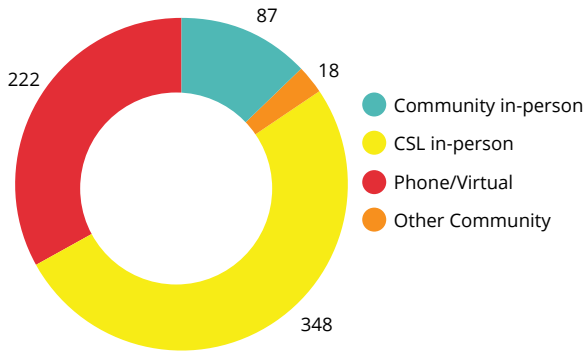
### Healing Services



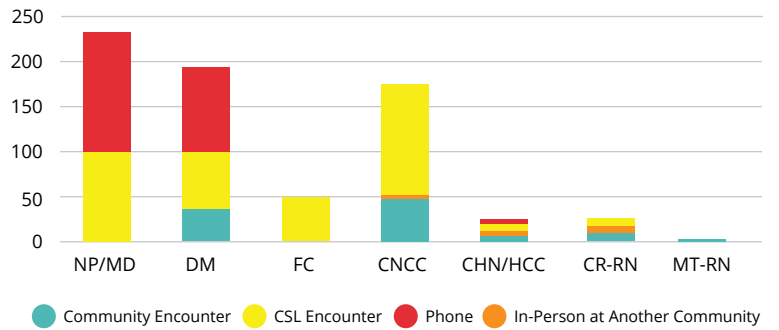
Top 10 emotional issues
Feeling Overwhelmed
Anxiety
Feeling Stressed Out
Depression
Feeling Depressed
Feeling Anxious
Family Stress
Feeling Emotional
Relationship Problem
Stressful Workplace

- Community in-person
- CSL in-person
- Phone/Virtual
- In-person at another community

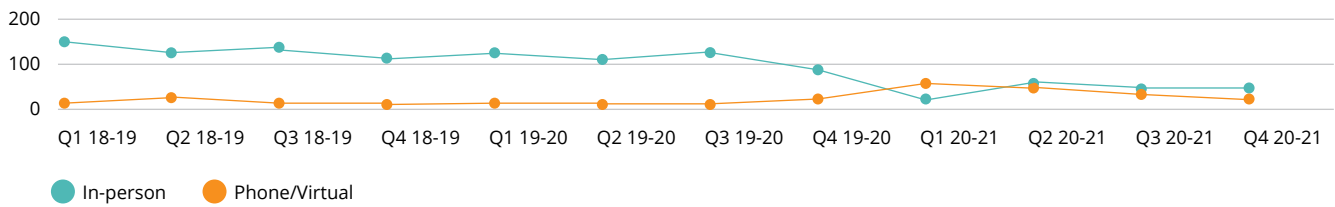
### Clinical Services



### Clinical Services

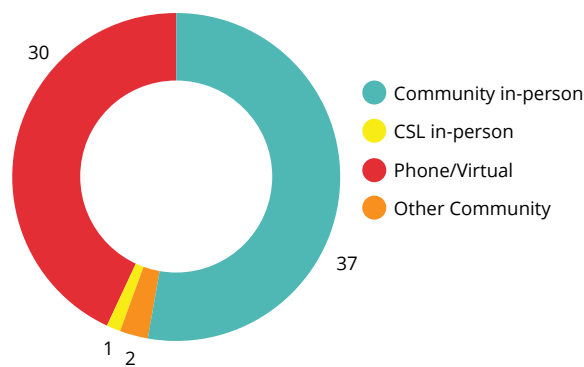


### MD/NP Encounters in last 3 years

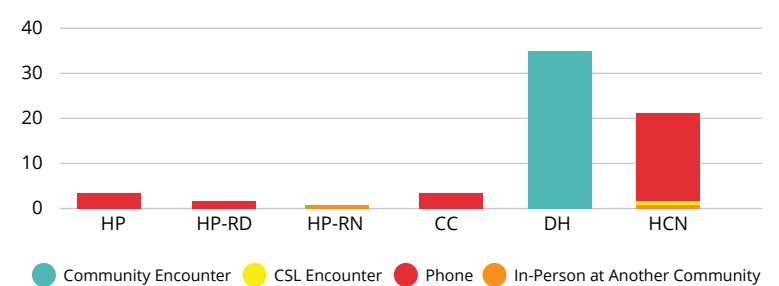


Top 10 Health issues	
Diabetes Mellitus Type 2	Depression
Anxiety	Insomnia
Impetigo	Acute Hepatitis C
Hypertension	Pinworm
Hepatitis C	GERD

### Program Services



### Program Services



Health Promotion & Cultural Activities	Top activities	
Total: 10 activities, 307 participants	Varnish	Trailblazer
	Self care packages	Blood Glucose Screening
	Community Brunch	

\*per GoC First Nation Profiles December 2021 Population Profile

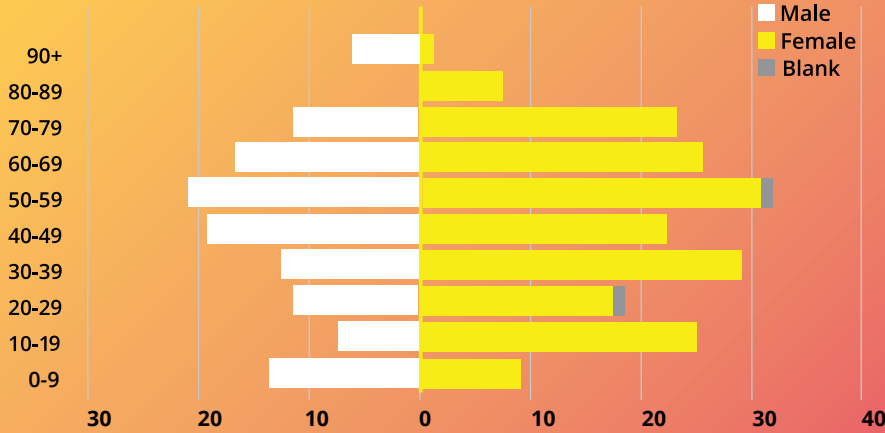


# Dryden Satellite Clinic

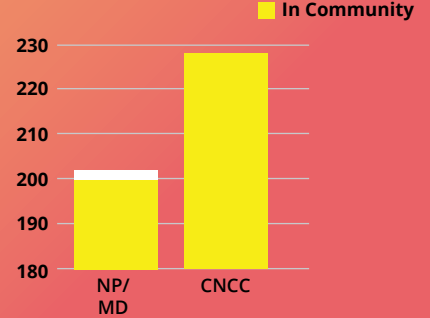
Most recent visit: 2020/21 - 78%, 2019/20 - 21%, 2018/19 - 1%

Registered clients:	313	Avg encounters per client:	2.78
Active clients:	245	Community Clinics:	430
Total encounters:	680	Virtual Clinics:	3

## Active Client Profile

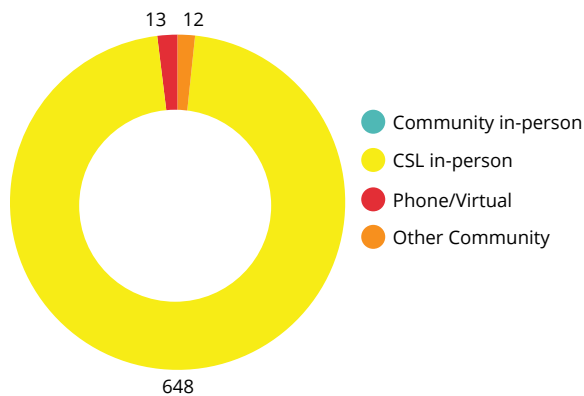


## Clinics

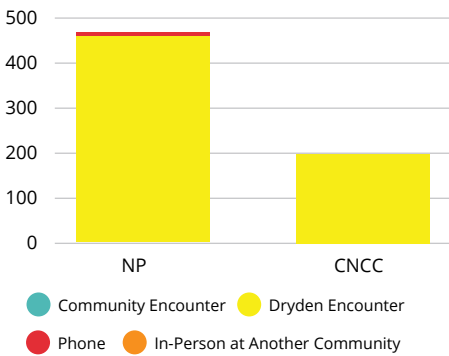


## CLIENT ENCOUNTERS

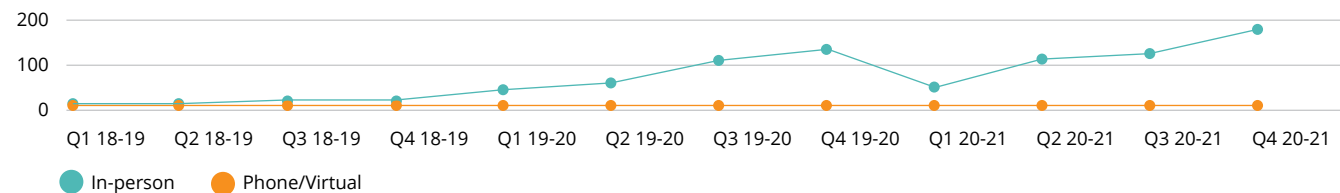
### Clinical Services



### Clinical Services



## MD/NP Encounters in last 3 years



Top 10 Health issues			
Anxiety	Hypertension	Prenatal Care (Routine)	Urinary Tract Infection
Diabetes Mellitus Type 2	Smoking Addiction	Ingrown Toenail	
Depression	Chronic Wound	Asthma	

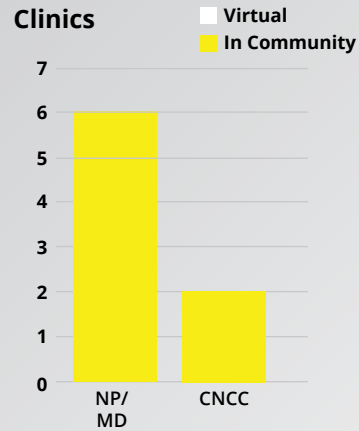
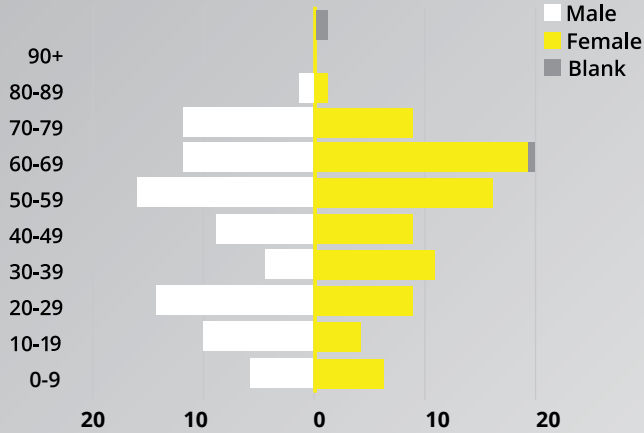
# Migisi Sahgaigan First Nation

On reserve population\* 366

Most recent visit\*\*: 2020/21 - 34%, 2019/20 - 9%, 2018/19 - 3%, Never seen - 54%

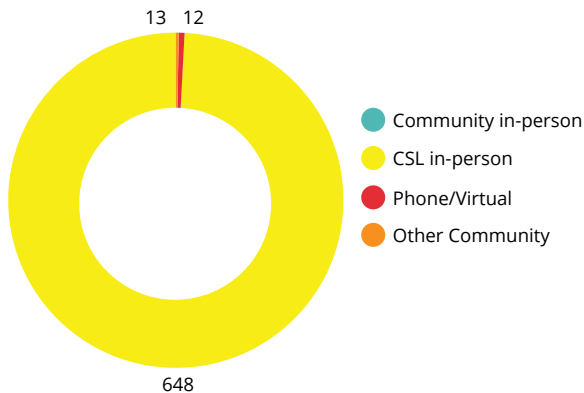
Registered clients:	167	Avg encounters per client:	1.66
Active clients:	124	Community Clinics:	8
Total encounters:	206	Virtual Clinics:	0

## Active Client Profile

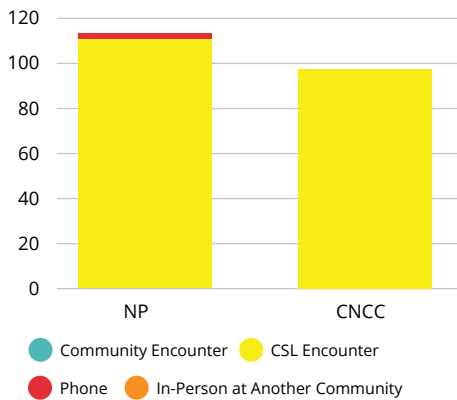


## CLIENT ENCOUNTERS

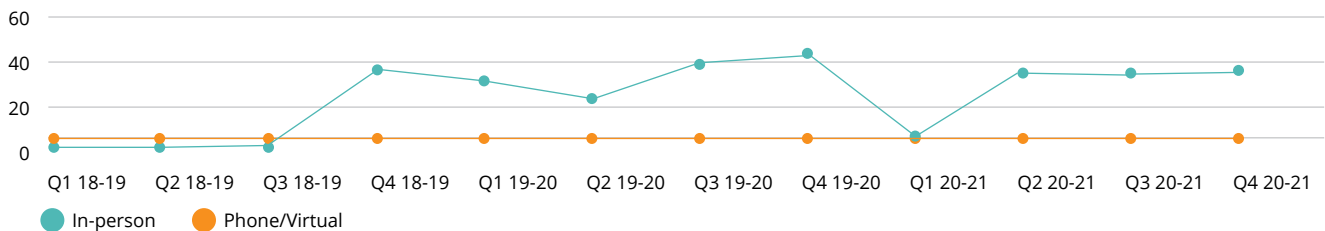
### Clinical Services



### Clinical Services



### MD/NP Encounters in last 3 years



### Top 10 Health issues

Diabetes Mellitus Type 2	GERD	Urinary Tract Infection	Leg Pain (Musculoskeletal)
Hypertension	Bacterial (Localized) Skin Infection	Hypothyroidism	
Smoking Addiction	Anxiety	Vaginitis	



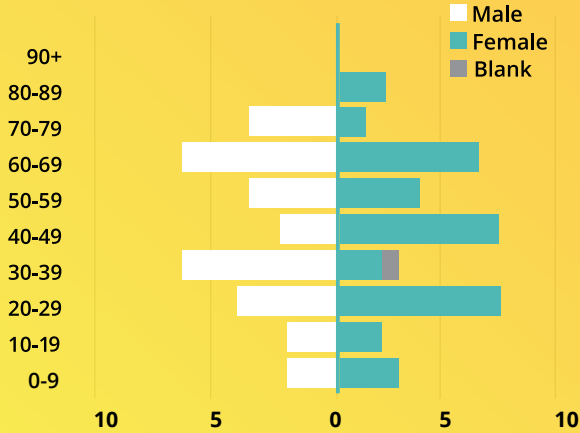
# Waubaskang First Nation

On reserve population\* 136

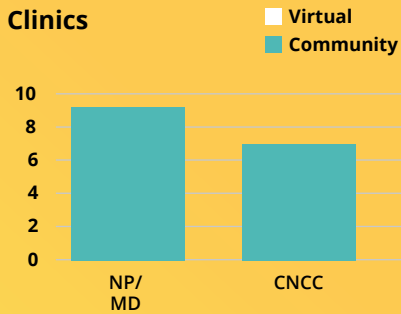
Most recent visit: 2020/21 - 43%, 2019/20 - 2%, 2018/19 - 1%, Never seen - 54%

Registered clients:	63	Avg encounters per client:	3.53
Active clients:	59	Community Clinics:	16
Total encounters:	208	Virtual Clinics:	0

## Active Client Profile

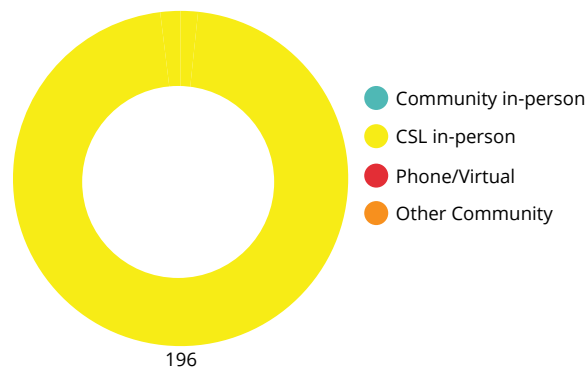


## Clinics

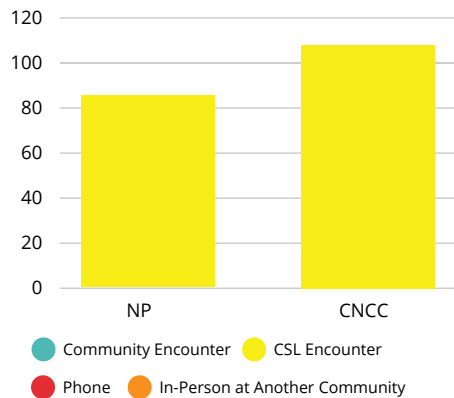


## CLIENT ENCOUNTERS

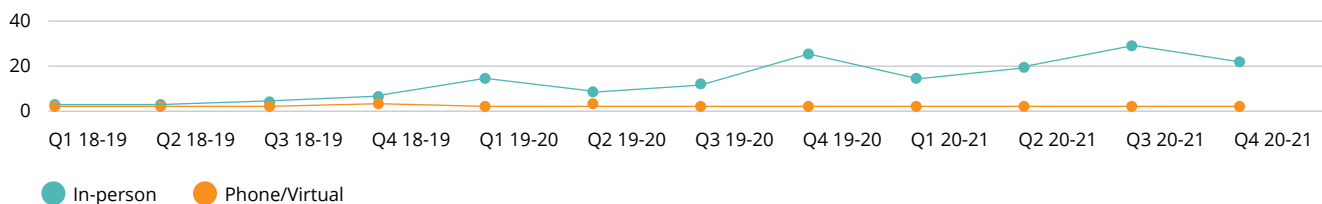
### Clinical Services



### Clinical Services



### MD/NP Encounters in last 3 years



### Top 10 Health issues

Anxiety	Visit for Complete Medical Examination	Opioid Addiction	Insomnia
Diabetes Mellitus Type 2	Knee Pain	Urinary Tract Infection	
Depression	Cellulitis	Acute Pain	



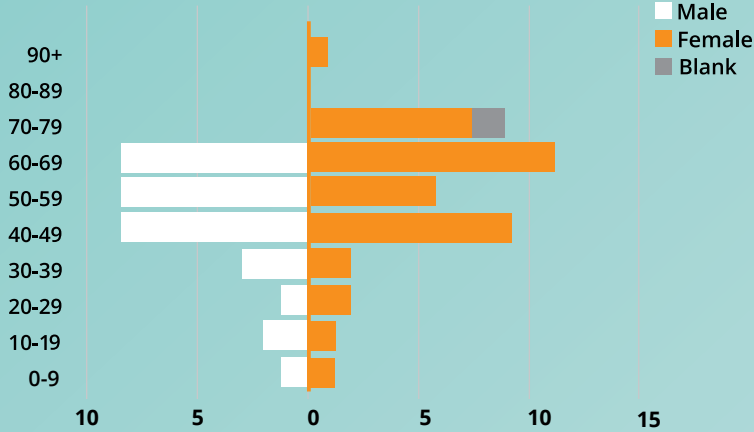
# Wabigoon First Nation

On reserve population\* 187

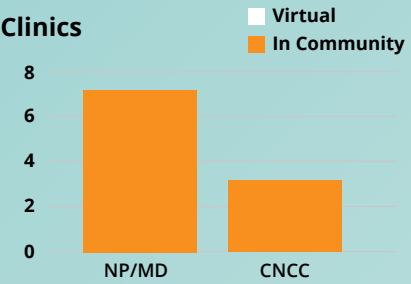
Most recent visit: 2020/21 - 34%, 2019/20 - 4%, 2018/19 - 1%, Never seen - 61%

Registered clients:	73	Avg encounters per client:	1.92
Active clients:	63	Community Clinics:	10
Total encounters:	121	Virtual Clinics:	0

## Active Client Profile

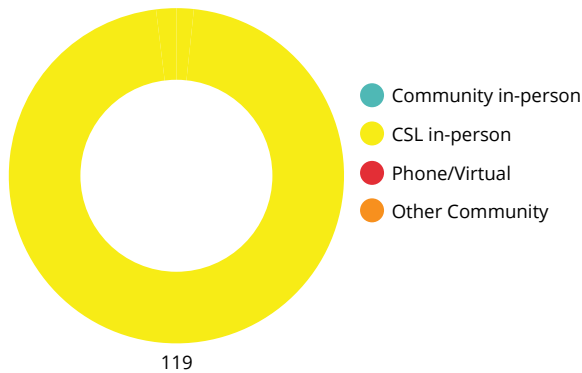


## Clinics

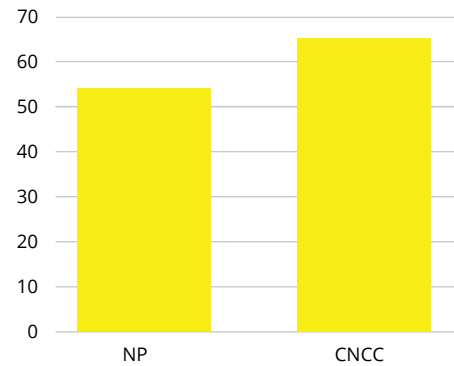


## CLIENT ENCOUNTERS

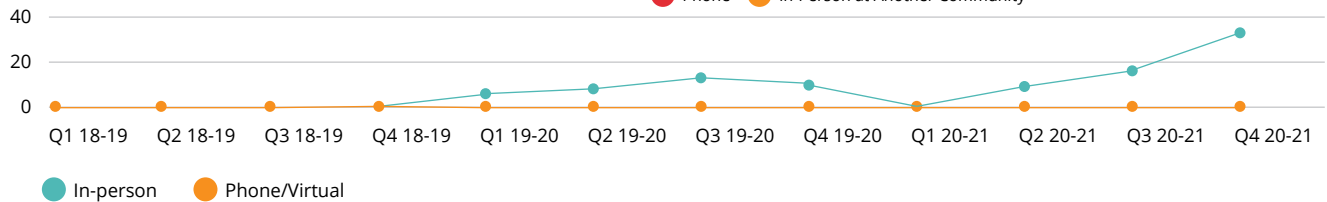
### Clinical Services



### Clinical Services



### MD/NP Encounters in last 3 years



Top 10 Health issues			
Diabetes Mellitus Type 2	Flank Pain	Depression	Knee Pain
Anxiety	Urinary Tract Infection	Lung Cancer	
Hypertension	Smoking Addiction	Diarrhea	





# OWNER BILL OF RIGHTS

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

As an owner, you can expect:

- Respectful treatment and culturally appropriate services that meet your health needs
- Answers to all your questions about your health situation and the services we are providing
- To be involved in all decisions affecting your health and your care
- To feel comfortable and safe in our facilities and with our providers

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

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

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

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

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



# OUR PRIVACY COMMITMENT

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

1. We only collect information we need for specific purposes that relate directly to your healthcare. Only those employees who need specific information about you will have access to that information.
2. We have established policies and practices that further ensure the security of client information, and that is kept private and confidential.
3. Any personal information provided to WNHAC or any information we receive from our healthcare partners can only be collected, used or disclosed in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and/or the Personal Health Information Protection Act (PHIPA).

Questions about our privacy policies and practices may be directed to one of our Privacy Officers – the Clinical Services Manager, or the Healing Services Manager.





## HUMAN RESOURCES UPDATE

First off, I'd like to commend all our staff for their courageous response to the COVID-19 pandemic. Your heroism, adaptability and tireless hours of providing frontline care is remarkable – this includes everyone who was quick to volunteer for redeployment. We also acknowledge our support staff who work diligently behind the scenes, and who also adapted to massive change. We acknowledge and appreciate you and all your efforts.

As a result of the 2009 H1N1 pandemic, Waasegiizhig Nanaandawe'iyewigamig had established an Emergency Preparedness Committee and developed a comprehensive preparedness strategy designed to guide the organization through any type of emergency. This work resulted in an Emergency Response/Business Continuity Plan for responding to potential risks, including key roles and responsibilities. The work of developing this plan also involved updating or creating new policies to address infection control and immunization as well as redeployment of staff in the event an emergency occurs and a response is triggered.

Our core values, the Seven Grandfather teachings, shone through and guided us throughout many challenges. We thank our Elders for their wisdom and guidance, and all our stakeholders for their collective efforts and leadership.

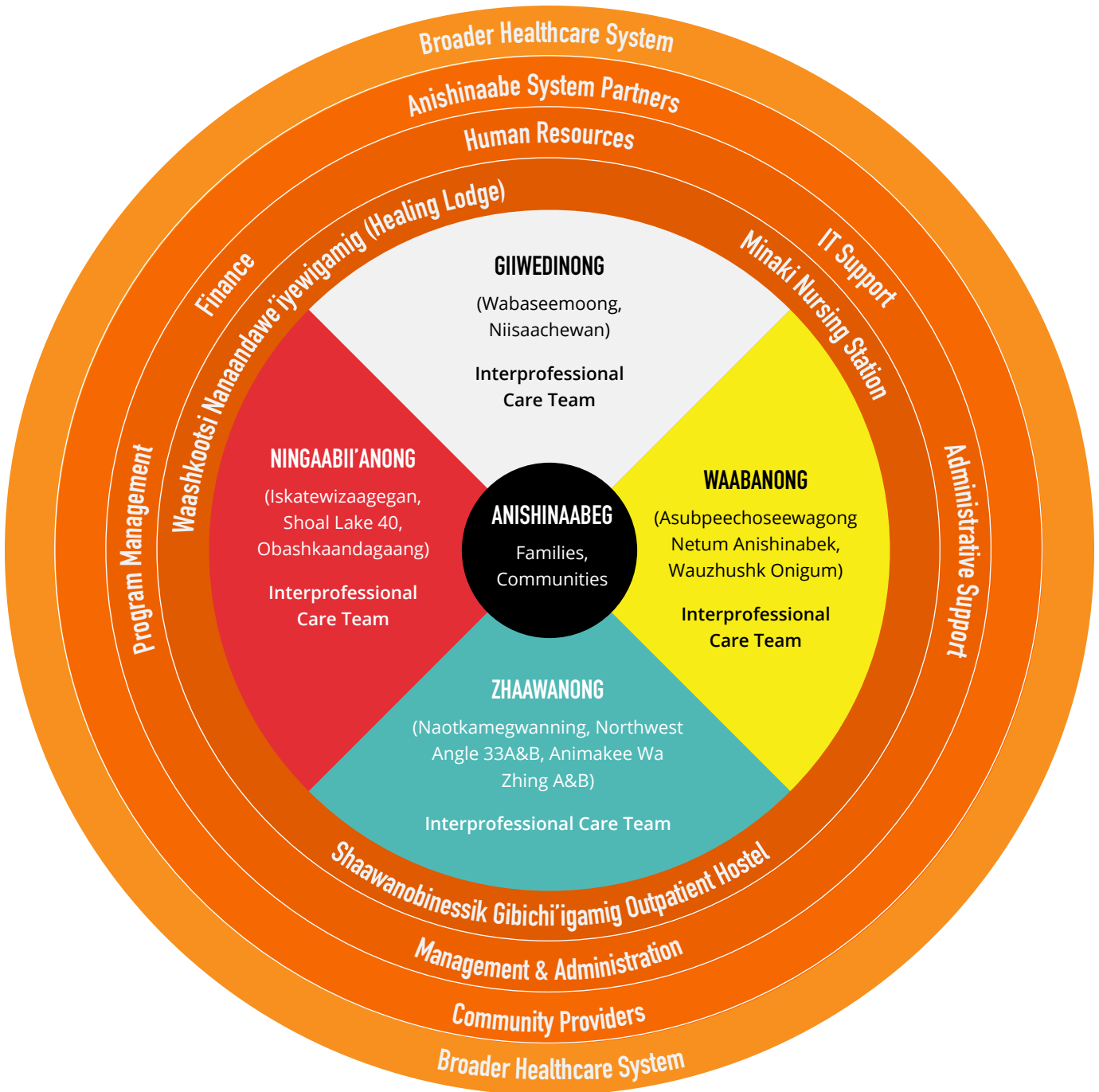
The main success from an HR perspective is how incredibly well our employees have adapted, with lots of creative thinking at every level. With all the restrictions this pandemic has created, miigwech to each and every one of you for your patience and support during this time.

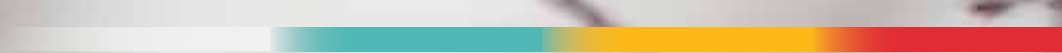
It has been a learning experience as we transitioned to providing services through redeployment, working from home, virtual care, virtual meetings, virtual training and nimbly responding to the task at hand.



# OPERATIONAL STRUCTURE

Indigenous, community-led, comprehensive, primary health care





# ADMINISTRATION UPDATE

## Finance

Finance operations remained busy during the fiscal year. The finance team worked on creative ways to make sure everything was paid on time, while at times most employees were working from home. This year had a multitude of special one-time projects, such as the COVID-19 isolation centre operations that required the collaboration between partner organizations. Approximately \$1 million was flowed to WNHAC to offset monetary pressures relating to COVID-19 service-related operations. The finance department is responsible for making sure WNHAC remains on budget for the various programs and WNHAC ended the fiscal year with a slight deficit.

## IT Department

The biggest undertaking the IT department dealt with was the work-from-home pivot that WNHAC went through to ensure safety of staff and clients. WNHAC quickly reacted and acquired the specific tools to enable staff to work from home. Tools such as Zoom, Teams, VOIP and virtual visits, enabled staff to continue to be responsive to clients' needs, which meant little disruption in client services.

## Infrastructure

WNHAC has seen a rapid increase in staffing levels and it has been putting pressure on our existing office/operations spaces. Despite COVID-19, work on the new building capital project continued and is now being redesigned to account for the recent rapid growth in staff levels. Even though the new building is a couple of years away, WNHAC is managing to work within existing spaces by having flexible work schedules and working from home/office hybrid operating models.



# FINANCIAL STATEMENTS 2020/21

## Statement of Financial Position

As at March 31, 2021

<b>Assets</b>	<b>2021</b>	<b>2020</b>
<b>Current</b>		
Cash	\$ 200,381	\$ 1,292,325
Accounts receivable (Note 3)	\$ 998,293	\$ 624,370
Portfolio investments (Note 4)	\$ 1,550,057	\$ 1,527,150
Prepaid expenses	\$ 79,887	\$ 13,068
	<b>\$ 2,828,618</b>	<b>\$ 3,456,913</b>
<b>Capital assets (Note 5)</b>	\$ 1,711,209	\$ 1,308,922
	<b>\$ 4,539,827</b>	<b>\$ 4,765,835</b>
<b>Liabilities</b>		
<b>Current</b>		
Accounts payable and accruals (Note 6)	\$ 946,147	\$ 748,569
Deferred revenue (Note 7)	\$ 448,579	\$ 972,650
Recoverable surpluses (Note 8)	\$ 769,099	\$ 977,490
	<b>\$ 2,163,825</b>	<b>\$ 2,698,709</b>
<b>Deferred capital contributions (Note 9)</b>	\$ 192,403	\$ 204,193
<b>Deferred capital contributions - Restricted for new medical clinic (Note 10)</b>	\$ 1,167,362	\$ 779,524
	<b>\$ 3,523,590</b>	<b>\$ 3,682,426</b>
<b>Commitments (Note 12)</b>		
<b>Contingencies (Note 13)</b>		
<b>Net Assets</b>		
Invested in Capital Assets	\$ 351,443	\$ 325,205
Unrestricted	\$ 664,794	\$ 758,204
	\$ 1,016,237	\$ 1,083,409
	<b>\$ 4,539,827</b>	<b>\$ 1,083,409</b>

Approved on behalf of the Board of Directors

Director

Director



## Statement of operations

For the year ended March 31, 2021

	<b>2021 Budget (Note 15) (Unaudited)</b>	<b>2021</b>	<b>2020</b>
<b>Revenue</b>			
Ministry of Health and Long-Term Care	\$ 7,038,717	\$ 7,393,522	\$ 6,837,822
Indigenous Healing and Wellness Strategy	\$ 1,523,716	\$ 1,513,716	\$ 1,530,216
First Nations and Inuit Health	\$ 820,134	\$ 944,700	\$ 1,134,590
Facility Allocations	\$ 281,701	\$ 241,188	\$ 253,255
Kenora District Services Board	\$ -	\$ 216,832	\$ -
Ministry of Health - Child and Youth Mental Health	\$ 203,850	\$ 211,373	\$ 211,373
All Nations Health Partners	\$ -	\$ 192,500	\$ 117,500
Indigenous Primary Health Care Council	\$ -	\$ 172,547	\$ -
Ministry of Children & Youth Services - FASD/CN	\$ 165,000	\$ 165,000	\$ 165,000
Other Revenue	\$ 40,000	\$ 152,365	\$ 198,161
Lake of the Woods District Hospital	\$ -	\$ 148,352	\$ -
Vehicle lease revenue	\$ 112,436	\$ 104,958	\$ 104,958
Ministry of the Environment, Conservation and Parks	\$ -	\$ 90,800	\$ -
Northwestern Health Unit	\$ -	\$ 90,000	\$ 35,025
Our Health Counts	\$ -	\$ 54,278	\$ 216,005
Grand Council Treaty #3	\$ -	\$ 27,032	\$ -
Interest Revenue	\$ -	\$ 22,907	\$ -
Surplus repayable	\$ -	\$ -	\$ (65,423)
Hostel Per Diem	\$ -	\$ -	\$ 57,198
Amortization of deferred contributions	\$ -	\$ 11,790	\$ 11,944
Restricted revenue deferred from prior year (Note 10)	\$ -	\$ 779,524	\$ 682,760
Restricted revenue deferred to subsequent year (Note 10)	\$ -	\$ (1,167,362)	\$ (779,524)
Revenue deferred from prior year (Note 7)	\$ -	\$ 972,650	\$ 922,177
Revenue deferred to subsequent year (Note 7)	\$ -	\$ (448,579)	\$ (972,650)
	<b>\$ 10,185,554</b>	<b>\$ 11,890,093</b>	<b>\$ 10,660,387</b>

Continued on next page



	<b>2021 Budget (Note 15) (Unaudited)</b>	<b>2021</b>	<b>2020</b>
<i>(Continued from previous page)</i>	\$ 10,185,554	\$ 11,890,093	\$ 10,660,387
<b>Expenses</b>			
Administrative (recovery)	\$ (24,968)	\$ (750)	\$ 5,004
Advertising	\$ 10,250	\$ 96,155	\$ 30,050
Amortization	\$ 8,000	\$ 46,447	\$ 33,688
Bad Debt	\$ -	\$ 13,242	\$ 9,650
Bank charges and interest	\$ 5,000	\$ 4,566	\$ 5,375
Clinic service resources	\$ 100,000	\$ 27,312	\$ 126,553
Community support	\$ 1,000	\$ 16,314	\$ 15,211
Contract and relief services	\$ 615,746	\$ 1,612,190	\$ 1,381,724
Health promotion resources	\$ 25,000	\$ 28,377	\$ 42,616
Insurance	\$ 22,500	\$ 21,384	\$ 24,708
Meetings	\$ 65,000	\$ 9,235	\$ 45,232
Office equipment leases	\$ 30,000	\$ 27,946	\$ 29,442
Office rent	\$ 189,534	\$ 147,620	\$ 139,732
Office supplies	\$ 85,000	\$ 209,858	\$ 131,846
Overhead costs	\$ 351,722	\$ 302,395	\$ 314,546
Professional development	\$ 480,401	\$ 128,629	\$ 278,864
Professional fees	\$ 75,000	\$ 75,007	\$ 78,977
Program supplies	\$ 178,434	\$ 651,954	\$ 471,230
Repairs and maintenance	\$ 30,000	\$ 27,088	\$ 66,811
Salaries and benefits	\$ 7,559,374	\$ 8,124,997	\$ 6,946,705
Telephone and communications	\$ 75,000	\$ 79,835	\$ 105,683
Training and education	\$ 47,214	\$ 9,141	\$ 22,214
Travel	\$ 72,000	\$ 120,763	\$ 212,933
Utilities	\$ 19,000	\$ 31,442	\$ 29,695
Vehicle	\$ 125,000	\$ 146,118	\$ 112,474
	<b>\$ 10,145,207</b>	<b>\$ 11,957,265</b>	<b>\$ 10,660,963</b>
<b>Excess (deficiency) of revenue over expenses</b>	<b>\$ 40,347</b>	<b>\$ (67,172)</b>	<b>\$ (576)</b>









