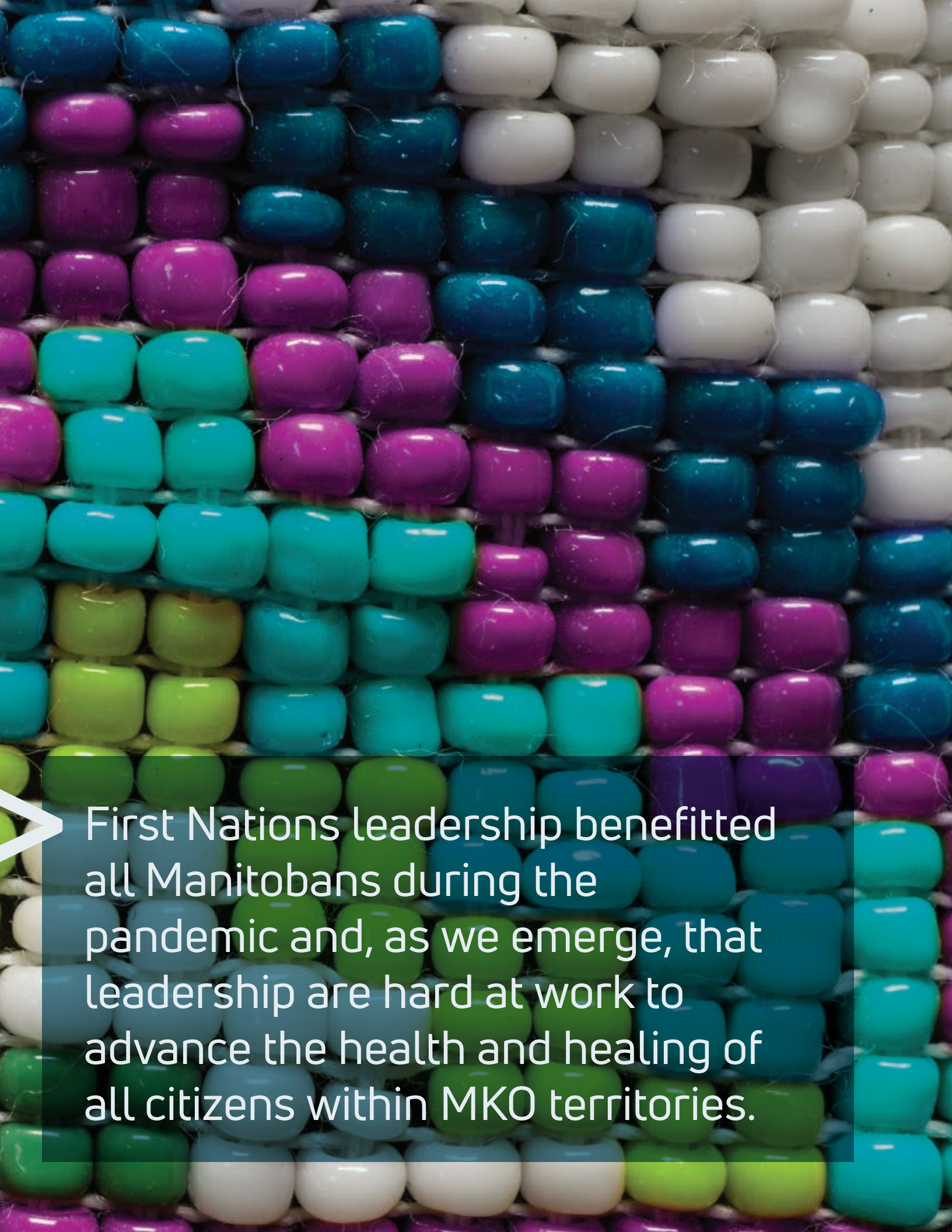
2021 2022 ANNUAL REPORT

Keewatinohk Inniniw Minoayawin Inc.
Northern Peoples' Wellness



First Nations leadership benefitted all Manitobans during the pandemic and, as we emerge, that leadership are hard at work to advance the health and healing of all citizens within MKO territories.

Content

Acknowledgements

CHIEFS TASK FORCE ON HEALTH

We would like to acknowledge the continued support of the Chief's Task Force on Health, Chief Larson Anderson, Chief Davis Monias, Chief Clarence Easter, Chief Marcel Moody, Chief Simon Denechezhe and Grand Chief Garrison Settee.

Caucus Coordinators

KIM's six caucuses and their Caucus Coordinators, as well as their supervisors have been an integral part of our engagement process this year. We would like to acknowledge the following for their dedication to improving health outcomes of our First Nation people:

- Norway House Cree Nation: Eileen Apetagon
- Nisichawayasihk Cree Nation: Lynda Wright
- O-Pipon-Na-Piwin Cree Nation: Deliah Linklater
- Pimicikamak Cree Nation:, Sandy Robinson
- Swampy Cree Tribal Council: Frank Turner, Gary Munroe
- Keewatin Tribal Council: George Neepin, John Spence

KEEWATINOHK INNINIW OKIMOWIN COUNCIL

The KIOC, appointed by the six regional caucuses was established in December 2021. The KIOC has played a key role in the ongoing transfer process KIM has been working towards with our federal partners this year. The council is comprised of the following members as of March 31, 2022:

- Norway House Cree Nation: Chief Larson Anderson, Councillor Deon Clarke, Councillor Anthony Apetagon
- Nisichawayasihk Cree Nation: Vice Chief Cheryl Moore, Councillor Cheyenne Spence
- O-Pipon-Na-Piwin Cree Nation: Councillor Jonathan Soulier
- Pimicikamak Cree Nation: Chief David Monias, Councillor Donnie McKay, Councillor Shirley Robinson
- Swampy Cree Tribal Council: Chief Nelson Genaille, Councillor Wanda Bighetty, Councillor Dale Knutson, Councillor Annie Ballantyne, Councillor Franklin Turner
- Keewatin Tribal Council: Chief Evan Yassie, Chief Richard Hart, Chief Morris Beardy, Chief John Ross, Councillor Leroy Spence, Chief Eric Redhead, Councillor Sylvia Tssessaze

We would also like to acknowledge our federal partners with the Government of Canada for their ongoing support and information sharing, in the joint effort to work towards the transfer and transformation of health services to First Nations people.

Additional acknowledgements go to MKO and Grand Chief Garrison Settee for their ongoing collaborative efforts and advocacy work with KIM.

Keewatinohk Inniniw Okimowin Council

Message from Chief David Monias, Chair

Tansi, ʔedlanet'e, warm greetings to our northern First Nation community members, partners and stakeholders. It has been an honour to serve as a member of the Chief Task Force on Health and as Chair of the Keewatinohk Inniniw Okimowin Council (KIOC).

This year, the Chiefs Task Force on Health has been working diligently with senior staff to ensure KIM's governance structure becomes fully functional as outlined in KIM's by-laws. This is a necessary step to ensure we stay on track to incorporate KIM as an organization. I am pleased to share that this will become reality on April 1, 2022.

KIM's governance structure consists of six (6) regional caucuses that reflect current Tribal Councils and four (4) Independent First Nations. Each regional caucus appoints representatives who are either a Chief or Councillor of their member First Nation. This collective came together as the KIOC as KIM's corporate members. The KIOC in turn appoints the Board of Directors to oversee the organization.

On March 31, 2022, the following individuals had been appointed to the KIOC by their respective regional caucus:

- Swampy Cree Tribal Council: Chief Nelson Genaille, Councillor Wanda Bighetty, Councillor Annie Ballantyne, Councillor Franklin Turner, Councillor Dale Knutson.
- Keewatin Tribal Council: Chief Evan Yassie, Chief Morris Beardy, Chief Richard Hart, Chief John Ross, Chief Eric Redhead, Councillor Sylvia Tssessaze, Councillor Leroy Spence.
- Pimicikamak Cree Nation: Chief David Monias, Councillor Shirley Robinson, Councillor Donnie McKay.
- Nisichawaysihk Cree Nation: Vice-Chief Cheryl Moore, Councillor Cheyenne Spence.
- Norway House Cree Nation: Chief Larson Anderson, Councillor Deon Clarke, Councillor Anthony Apetagon.
- O-Pipon-Na-Piwin: Councillor Jonathon Soulier.

"We welcome all of the appointed elected leaders representing northern First Nation's and to look forward to their valuable guidance and advice in their role as the members of KIM."

– Chief David Monias, Interim Chair, KIOC

One of the first priorities of the KIOC for the upcoming new fiscal year is to appoint the Board of Directors. The Board of Directors will be pivotal to solidify the work of KIM as the entity tasked with pursuing health transformation for northern First Nations. We have received applicants with a wide variety of experiences and diverse backgrounds. In addition, the KIOC will closely examine the KIM's by-Laws paying particular attention to the objectives for the organization that will focus the direction of activities and outcomes.

We look forward to passing the torch to the KIOC and the Board of Directors in 2022/23.

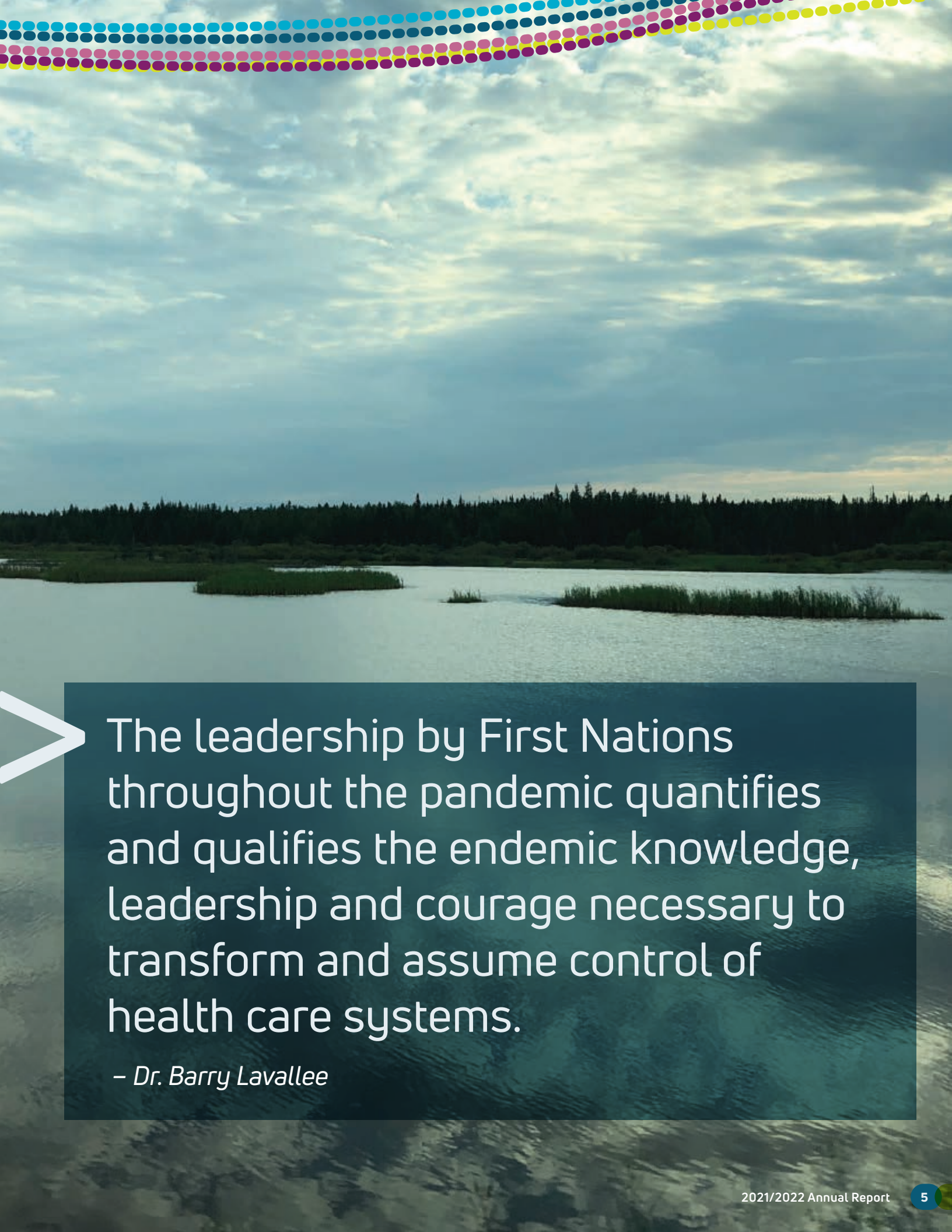
Ekosani, Masi Cho

Chief David Monias, Pimicikamak Cree Nation
Chiefs Task Force on Health/Interim Chair KIOC

KIM Staff

2021/2022 Fiscal year

NAME	TITLE
Dr. Barry Lavallee	CEO
Moriah Davis	COO
Joni Wilson	Executive Director
Sarah Cook	CFO
Brian Flamand	Administrative Coordinator
Marcie Friesen	Senior Executive Assistant
Annica Ramkissoon	Communications Coordinator
Caroline Chartrand	Senior Nurse Advisor in FN Health
Kathleen North	Director of Jordan's Principle
Catherine Stadnichuk	Planning & Organizational Development Coordinator
Charlene Brass	Executive Assistant
Piper Riley Thompson	Legal Advisor
Dr. Yvette Emerson	Medical Advisor
Diane Kelly	Director of Governance
April Tawipism	Human Resource Generalist



> The leadership by First Nations throughout the pandemic quantifies and qualifies the endemic knowledge, leadership and courage necessary to transform and assume control of health care systems.
>
> *– Dr. Barry Lavallee*

Message from Dr. Barry Lavallee,

Chief Executive Officer

This has been a year of momentum for Keewatinohk Inniniw Minoayawin Inc. (KIM) and I am pleased to present the KIM 2021/2022 Annual Report. This year has been another year of transition from pandemic leadership and refocusing on health transformation. I am proud to announce that KIM has been able to advance governance development and have a full compliment of representatives of our six regional caucuses that represent 23 First Nation communities. All representative seats of the Keewatinohk Inniniw Okimowin Council (KIOC) have been appointed and the Keewatinohk Inniniw Minoayawin Board of Directors are slated for appointment early in the new year. The installation and operationalization of KIM's governance will provide guidance and grounding to implement health transformation plans for KIM.

In my role as CEO, I place high emphasis on innovation and modernization of health systems that align with providing the best possible care to First Nation communities. KIM designed and implemented a Digital X-ray Project as part of Clinical Care Transformation (CCT) to modernize old, outdated film x-ray machines in northern federal nursing stations. Another win through innovation brought diagnostic services to First Nation communities. Gaining access to ultrasound diagnostics was identified as a gap. Therefore, work began on identifying locations, purchasing the equipment and getting services coordinated to make the service a reality. Ultrasound services were launched in Cross Lake nursing station, resulting in services being provided closer to home which eased the burden of having community members leave their home to access this service. Communities that have improved diagnostic services now have quicker time to diagnosis and treatment as a result of the modernization of diagnostic tools. These types of innovations are clear wins for improving health outcomes and services, which were relatively easy to implement.

As many of our communities begin re-opening, KIM will be gearing up for community engagement sessions that will provide the opportunity for First Nation communities to share their vision of quality health care. KIM always maintains that feedback from community members is paramount and is what drives KIM's vision. It is important for my office to hear and understand the unique personal experiences of each community. It will be through this process that we can truly bridge our understanding of the realities of our community members and the innovation of health care that KIM needs to develop to ensure sustainable, culturally safe, racism free access to health care for the North.

Over the past year, partnerships between KIM and communities emerged. Communities recognized the value of working with KIM during the pandemic. Support to address the pandemic in community and the need for harm reduction interventions became evident when repeated calls to the Province of Manitoba and federal government fell short. The unpreparedness of the health systems, which is responsible for healing and innovations at a time of a global health crisis was and continues to be evident. This pandemic has not only exposed the fragility of our healthcare system, but also unmasked the social impacts of colonization our First Nation communities have been living with for many years. KIM has received many requests for support and intervention for communities as they are dealing with ongoing crisis, particularly around substance use disorder. KIM has been advocating and pressuring governments to provide appropriate and expedited

"My work in health transformation is based on the foundation that in order for KIM to develop and operate a health system that is truly responsive, equitable and safe, it needs to be free of racism. Health transformation for First Nations requires the elimination of Indigenous specific racism."

– Dr. Barry Lavallee, CEO

responses to community requests. KIM continues to respond in real time through a live process of transformation. Through KIM response, we have learned that health service delivery needs to be innovative, culturally appropriate, and most importantly Indigenous-led. The current systems in place are not designed to provide positive outcomes for First Nations people, rather they continue to oppress and cause harm to our people.

Our work to date has spearheaded several initiatives with the aim of highlighting the elimination of Indigenous-specific racism as core to health transformation. Each meeting and conversation our office has had is to advance health care with an anti-Indigenous racism lens. KIM and First Nation leadership will not inherit a health care system that operates on racist policies and procedures that continue to oppress and worsen health outcomes for First Nations people. KIM has been working on an anti-Indigenous racism framework that acknowledges the use of stereotyping and the examination of the health consequences of discrimination, stigmatization and violence leading from harm to death. This document will be a driving force for the partnership between our organizations to improve health outcomes for not only First Nations people, but all Manitobans who rely on health services administered by the NRHA.

My work in health transformation is based on the foundation that in order for KIM to develop and operate a health system that is truly responsive, equitable and safe, it needs to be free of racism. Health transformation for First Nations requires the elimination of Indigenous specific racism. Investments in intermediate or structural health systems will not meet the needs or improve health outcomes for First Nations people unless the root of inequality, which is racism is eliminated. While structural transformation like a new emergency room, more surgical suites, improved access to primary care systems across the north with the addition of denovo practices and specialities; these actions will depart from one of the primary goals of transformation, the delivery of racism free care in northern Manitoba. The ongoing failure to recognize the prevalence of Indigenous-specific racism in Manitoba's healthcare is the driving force that advances poor health care system in Manitoba for First Nations people. KIM continues to work to mitigate the assumption that financial investments can improve quantity and quality of care for First Nations in northern Manitoba.

The leadership by First Nations throughout the pandemic quantifies and qualifies the endemic knowledge, leadership and courage necessary to transform and assume control of health care systems. First Nations nurses, community leaders and champions led the way in vaccine uptake and took extraordinary measures to ensure the safety and wellbeing of their community members. Important to note, First Nations leadership benefitted all Manitobans during the pandemic and, as we emerge, that leadership are hard at work to advance the health and healing of all citizens within MKO territories. Health transformation remains the priority for KIM; with the goal of seeing immediate wins in the health and wellness of First Nations in particular. I recall Chief David Monias sending pictures of Pimicikamak Cree Nation administering 500 vaccinations within one hour and fifteen minutes. This mobilization strategy is one of many innovative interventions that were led by First Nation communities.

KIM is grateful for the ongoing support received from Grand Chief Garrison Settee and the staff at Manitoba Keewatinowi Okimakanak Inc. (MKO). I would also like to acknowledge and thank First Nation Chief and Councils, KIM's Chief Task Force on Health, and all who have contributed to the visioning and advancement of innovative health transformation. I also want to acknowledge our stakeholders and affiliates for their continued dedication to health transformation.

Finally, I would like to express my sincerest gratitude to the KIM staff who have worked tirelessly to promote and advocate for quality health care for Northern citizens. It is through their commitment and dedication that KIM will be successful in transforming a health system to one of equity, excellence and free from racism.

Before I close off this message, I am reminded of the many Elders and Knowledge Keepers that have prayed over us and for us over the year. It is through those blessings and prayers that we are able to continue to do this challenging but necessary work for the next seven generations that are yet to come.

Ekosani, Miigwetch, Masi Cho, Thank you

Dr. Barry Lavallee
Chief Executive Officer

Operations Report

ADMINISTRATION

Entering into the new year with a signed lease, we began planning the layout, renovations and procurement of office equipment for our office located at 1700 Ellice Avenue.

Renovations were completed and we welcomed staff to the office in February 2022. However, KIM has remained closed to the public due to COVID-19 restrictions. KIM plans to welcome the public to an open house, however we want to ensure that safety protocols are followed when it is safe to gather again.

INFORMATION TECHNOLOGY

As KIM grew, our IT needs did as well. Based mainly in health care, Cyhpher Net Media Inc. felt that we would best be served by another provider as their expertise does not lie in this area. We would like to acknowledge Cyhpher for their ongoing support this year as well as contributing to seamless transition to our new provider.

In February of 2022, Harack Consulting assumed control of our IT needs. Paul Harack and his team have proved to be a great asset. From the transition process to asset management, software upgrades, security, organization, and staff support, they continue to work with us to streamline our IT services and grow with our organization as we continue onboarding new hires.

COMMUNICATIONS

Keewatinohk Inniniw Minoayawin Inc's (KIM) Communications manages internal and external functions of communications for the entity. This includes managing the KIM social media presence and website.

Pandemic Response

- During the first half of the fiscal year, Communications assisted with the pandemic response. This involved information sharing on the KIM social Media platforms; Facebook, twitter, and Instagram.
- KIM also partnered with Manitoba Keewatanowi Okimakanak (MKO) for Public Service Announcements broadcasted on NCI Radio.

Communications Gap

- The Communications Officer left the organization in October 2021. The position was vacant for the remainder of the fiscal year.
- A Communications Coordinator has been hired and will be starting in late April 2022.

HUMAN RESOURCES

With COVID-19 still quite prevalent, KIM staff were working remotely from home for the majority of the year. Unable to travel to communities, staffing needs were not as high as expected. One recruitment for Executive Assistant was done in February 2022 to help support the executive team. The position of Director of Governance was also filled to help the KIM team work towards finalizing our three part governance structure.

KIM continues to work with Peoples First HR in the absence of an HR Manager on site. Peoples First HR has been there to support and develop the organizational structure and consult on an as needed basis.

FINANCE

MKO & KIM finance departments worked closely and tirelessly together to prepare for the final transition of all finance aspects from MKO to KIM to be effective April 1, 2022.

Statement of Earnings

For The Year Ending March 31, 2022

	Actual	Unaudited Budget	Variance
REVENUE:			
Indigenous Services Canada – Health Integration Fund	2,979,166	10,800,000	7,820,834
Indigenous Services Canada – Jordan's Principle	537,982	1,445,315	907,333
Indigenous Services Canada – Anti Racism Patient Advocates	633,573	2,096,780	1,463,207
The Childrens Hospital Research Institute Of Manitoba		10,000	10,000
Indigenous Services Canada – Deferred Revenue Prior Year	8,618,118	8,618,118	0
	12,768,839	**22,970,213**	**10,201,374**
COSTS AND EXPENSES:			
Clinical Care Transformation Partners	7,445,008	15,339,849	7,894,841
Anti Racism Patient Advocates	633,573	2,096,780	1,463,207
Pediatricians and Clinical Psychology Project	537,982	1,445,315	907,333
Employee Costs (Salary, Benefits, Travel, Etc.)	1,521,426	1,641,650	120,224
Governance	597,230	575,549	(21,681)
Operations	869,080	758,281	(110,799)
Administration	1,164,541	352,392	(812,149)
	12,768,839	**22,209,815**	**9,440,976**
Net Earnings (Loss) For Period	**0**	**760,397**	**760,397**

Health Transformation and Transfer

As mentioned throughout this report, the COVID-19 pandemic has really challenged the administration and operational goals of KIM. The KIM team was scheduled to embark on a year-long stage of community engagement session. However, due to public health restrictions the community engagement sessions have been slated for the 2022/2023 fiscal year. Feedback from First Nation communities on the delivery of existing health services and the revisioning of health services remains paramount in the direction KIM designs and negotiates health transformation.

Health transformation and transfer is about systemic change and First Nations taking ownership and control over the design and delivery of health systems. A silver lining of the pandemic has shown society the fragile state of the current health system. It is important to understand the crisis of nursing and physician shortage precedes the last two years, the shortage was amplified by the pandemic. The unprecedented shock of COVID-19 on the health care system accentuated the need to strategize provision of health care delivery. During the pandemic we could see how quickly governments can adapt, respond and invest when First Nations take the initiative to lead health services. Now is a critical opportunity for structural health-system change to deliver robust healthcare for all First Nation citizens. KIM is aligned with stakeholders to build a health system that is responsive, coordinated, sustainable and equitable.

Key areas of work for KIM include:

- Organizational and Dialogical Capacity Development
- Project Management
- Governance and Engagement Activities
- Health Transformation, Innovation and Transfer
- Health Transformation Funded Clinical Partnerships
- Health Integration Partnerships
- Ongoing Development of Innovative Initiatives
- Responding to Urgent and Emergent Health System Issues Impacting First Nations People in Manitoba's North

ORGANIZATIONAL AND DIALOGICAL CAPACITY DEVELOPMENT

KIM is proud to announce our new office located at 202-1700 Ellice Avenue, Winnipeg, MB. This is an exciting development as it brings fruition to the reality of health transformation. While many employees are working remotely, this was an opportune time to begin renovations, design and set-up equipment and furniture. We are also developing a return-to-work procedure to ensure that staff can return to work in a safe manner that is in line with Manitoba Public Health Protocols.

Administration and Financial operations were fully transferred from MKO to KIM. This is another milestone in the story of KIM and we are very grateful to MKO for their ongoing support and leadership. Organizational and administrative development includes the completion of draft finance and human resources policy manuals. All job descriptions for current positions have been reviewed and revised to accurately reflect roles, responsibilities and lines of communication. New job descriptions have been developed for positions that are slated to be filled in the upcoming year(s). Consistent with historical values KIM is an organization free of homophobia, sexism, agism and racism. As an organization that is grounded in First Nation ideology and First Nation harm reduction principles, our human resources policy and procedures will be adapted accordingly to reflect these principles.

KIM has been supporting dialogical capacity development with stakeholders and governments. It is necessary to establish communication pathways to understand First Nation logic. Stakeholder engagement is two-fold as KIM develops relational capacity to understand and legitimize First Nation narrative and capacities through dialogical capacity development. KIM will continue to provide the valuable explanation of First Nation sovereignty as First Nations should no longer be asking for permission, rather exercising treaty and inherent rights.

PROJECT MANAGEMENT

Over the past year, KIM has been working with representatives from First Nations and Inuit Health Branch and Indigenous Services Canada (FNIHB-ISC) negotiating for transfer of administrative authority to KIM. Health transformation is a relatively new concept for Manitoba, KIM has turned to British Colombia and the First Nation Health Authority to understand the model they have implemented for health transfer. We hosted Richard Jock, Chief Operating Officer (COO) First Nations Health Authority (FNHA), British Colombia, virtually at two separate events to share British Columbia First Nation expertise in health transformation. Mr. Jock shared the challenges and successes the FNHA undertook through an extensive and

detailed timeline. The information shared by the FNHA has been invaluable to creating and visioning a bi-lateral agreement in Manitoba. KIM has been establishing an "Agreement-in-Principle" that will provide the framework for advancing the transformation agreement between KIM and FNIHB. Key information has been shared with KIM based on the lessons learned from the BC model and other Health Transformation initiatives in regions across Canada. KIM is appreciative for what we have learned and will draw heavily on the federally identified milestones in the project management scope and the experience these representatives have with the BC FNHA and others, although there are additional segments of work for KIM.

With some of the critical objectives identified including a ratification process, human resource requirements for KIM, project management and structured service implementation plans towards transfer, the next objective is to negotiate an agreement in principle by March 2023. A renewed Agreement in Principle would set into motion a formal partnership mechanism for what could be viewed as sustainable transformation in the north via a legally binding Framework Agreement.

KIM is identifying decision points, milestones, and a ratification process all while ensuring organizational scale up, and continuation of existing services and supports to northern First Nations (examples include attending to patient adverse occurrences; gaps in diagnostics; establishing a First Nations Anti-Racism Response program; harm reduction/trauma based care; a new patient care model for those who must travel to receive care; work force development; integrative partnership development for these and other initiatives with all levels of government and provider organizations; and ongoing partnering support to MKO's political and health staff).

The intention of the governing bodies of KIM, and MKO is to establish health transformation governance within an initial bilateral project management model overseen by KIM and FNIHB-ISC.

Effective transfer must allow for KIM to advance a new, transformative model of health service delivery:

- Towards improvements in clinical and client care
- Increased access to health services and filling of critical health care gaps for First Nations living in remote and northern communities
- A more responsive integrated system for urgent and emergent health care issues (all levels – individual, First Nation community, aggregate of First Nation communities)

COMMUNITY ENGAGEMENTS

First Nation leaders across the north are aware of the current health care realities, and their continued involvement through KIM's governance structure will identify key areas to assess for transformation. The purpose of the community engagement sessions is to seek out and document the experience, opinions and information from First Nations Elders, Leaders, Members, Youth, community and Tribal Council Health Directors and health staff, healthcare providers including Traditional Knowledge Keepers, and various community stakeholders from the KIM member communities, to assist in transforming health services in the north.

Next steps involve community engagements that will extend to the people in the communities, whose voices in KIM's work is essential. Health transformation must be done in an innovative and community-centred way. While leaders and staff may change, the people of the North remain as Rights holders, service recipients, and the beneficiaries of all KIM's efforts. Community Engagement Sessions are planned for the 11 First Nations communities affiliated with the Keewatin Tribal Council. Additional community engagements will be planned in the future for other First Nations as COVID-19 restrictions ease.

HEALTH TRANSFORMATION

KIM released a Request For Proposals (RFP) to support major phases of project development including an agreed upon ratification process and human resource requirements. The objectives include project management and implementation towards transfer and development of the Agreement-in-Principle (AIP) by March 2023. Other key milestones include:

- Identification of FNIHB-ISC KIM Working Group members from KIM caucuses as per the draft Terms of Reference (TOR)
- Establishment of the TOR which captures the story of the north written by KIM; based on existing documentation
- ½ day planning session with FNIHB-ISC and KIM scheduled for June 10, 2022; will also include KIM six caucuses identified technical representatives (community level expertise such as Nurse Practitioners, pandemic coordinators, health directors).

HEALTH TRANSFORMATION FUNDED CLINICAL PARTNERSHIPS (SOME ONGOING)

- Clinical services – Ongomiizwin Health Services (University of Manitoba)
- Clinical services – Amdocs
- Clinical services – Quest Health
- Clinical services – Opaskwayak Health Authority
- Diagnostic Service Worker program – Red River College
- Diagnostic Equipment – Digital X-ray machines, Ultrasound (Pimicikamak), PoCus (hand held) devices

HEALTH INTEGRATION PARTNERSHIPS

- MB Clinical Preventive Services Plan – KIM, MKO, Northern Health Region, others
- CancerCare MB Community Connectors – KIM, various
- Manitoba First Nations FN PCH Network (ISC, KIM, 8 PCHs in MB)
- Vaccine Implementation Task Force

INNOVATIVE INITIATIVES IN DEVELOPMENT

First Nations Anti-Racism Response (An integrated system to improve patient experience and outcomes):

- Patient Navigator/Service Accountability
- Data Collection
- Indigenous Doula program
- Indigenous Anti-Racism Response Training

Harm Reduction and Men's Health, Churchill Health Centre

- MB Harm Reduction Network
- Warrior's Caregiver Program
- Dispensing machines – Innovative Solutions Canada, Ekosi Health
- Managed Alcohol Program development

RESPONDING TO URGENT AND EMERGENT HEALTH SYSTEM ISSUES IMPACTING FIRST NATIONS PEOPLE IN MANITOBA'S NORTH (SEE EXAMPLES BELOW)

- Sayisi Denesuline First Nation (Tadoule lake) – responding to community trauma; and Leaf Rapids (residents are primarily First Nation members)
- Nursing shortages (Nursing Stations) and its impact on primary care, and Med evacs, Air Ambulances and shortage of pilots and planes

July 28, 2021	August 6, 2021	December 20 and 21, 2021	February 2022	February 2022
FNIHB- ISC confirms $23 million funding commitment to KIM for health transformation	Triweekly/monthly meetings began with senior leads from KIM and FNIHB-ISC Canada and Manitoba Region	KIM's first Annual General Meeting (AGM) is held. Feedback suggested a high level of support for KIM	KIM hosted a 2-Day meeting with Keewatin Tribal Council Health (KTC) to provide an overview of KIM's work to date and future planned activities, and, to solidify KTC representation within the KIM governance structure. KIM commences with facilitating bi-weekly meetings with the Regional Caucus Coordinators.	KIM's governance is in place with the Keewatinohk Inniniw Okimowin Council (KIOC)

Governance & Strategic Engagements

An integral element of the KIM governance structure is a three-part inclusive Northern First Nations model that is comprised of Regional Caucuses, Keewatinohk Inniniw Okimowin Council (KIOC), and the Keewatinohk Inniniw Minoayawin Board of Directors. KIM's governance model was developed in a collaborative manner with the Chiefs Task Force on Health to ensure the governance of KIM remains inclusive, diverse and transparent.

Each of the six caucuses, representing 23 First Nations, have appointed members, and is operating at full compliment. To strengthen the development of the governance structure that is consistent with northern First Nation aspirations, each regional caucus was supported to hire a caucus coordinator to collaborate with KIM to explore health transfer. Input from each respective regional caucus ensures the voice of grassroot people drives the expectations and aspirations of northern First Nation communities as we work towards health transformation.

In November 2021, KIM convened an orientation meeting with the caucus coordinators to introduce them to the objectives and mandate of KIM. The orientation session was an important initial meeting to share information of KIMs governance, health transformation and their roles as caucus coordinators. The successful orientation with caucus coordinators identified strategies and pathways for next steps.

In February 2022, KIM's Director of Governance launched biweekly team meetings between which has streamlined and improved collaboration efforts regional caucuses and KIM. Caucus coordinators will be meeting every two months in person to collaborate on engagement strategies and develop a communications plan. Caucus coordinators have developed a universal workplan template that can be tailored to meet the needs of each regional caucus. KIM will be developing a training strategy for regional caucuses that will increase governance proficiency, some examples of training include data management and sovereignty such as Ownership, Control, Access and Possession (OCAP) principles, facilitation skills, community engagement skills.

As of March 31, 2022, the following individuals were representing their respective regional caucus in a technical capacity as a Caucus Coordinator, Health Director or Executive Director:

- Swampy Cree Tribal Council; Gary Munro, Frank Turner
- Keewatin Tribal Council; George Neepin, John Spence
- Pimicikamak Cree Nation; Sandy Robinson
- Norway House Cree Nation; Eileen Apetagon
- Nisichawaysihk Cree Nation; Lynda Wright
- O-Pipon-Na-Piwin Cree Nation; Deliah Linklater

Their individual and collective contributions have been invaluable in building the KIM governance structure. We look forward to the upcoming year where we will embark upon engagement activities, identification of northern health priorities and health system gaps while we continue to develop pathways for meaningful health transformation.

Our vision for the FNARR System is to ensure that services accessed by First Nations communities in Northern Manitoba are trauma informed, racism free and accountable.

FNARR PROJECT

VISION
To advance the health & wellbeing of First Nations people when accessing care & treatment in Northern Manitoba

1. DATA COLLECTION & MANAGEMENT
2. INFORMATION & TIMELY RESPONSES TO THE CONCERNS WITH THE CURRENT SYSTEM
3. SERVICE ACCOUNTABILITY
4. PREVENTATIVE STRATEGIES FOR INDIGENOUS MOTHERS & THEIR NEWBORN BABIES

CORE VALUES COMPASSION EQUITY EMPOWERMENT JUSTICE

First Nations Anti-Racism Response

Indigenous specific racism is causing life-altering and life-threatening harm to Indigenous people when accessing health care. Racism is a social determinant of health and Indigenous people are literally dying in health services that have been created to support them. In Manitoba, the statistics regarding health disparities are damning with gaps between First Nations and other Manitobans continue to widen.

Our vision for First Nations Anti-Racism Response (FNARR) System is to ensure that services accessed by First Nations communities in Northern Manitoba are trauma informed, racism free and accountable.

KIM proposed to build upon existing work with a three-year comprehensive First Nations Anti-Racism Response System that has four mutually supportive components. The project is specific to responding to racism in healthcare in northern Manitoba. These strategic interventions will require collaboration with the Northern Regional Health Authority (NRHA) and include the following four targeted areas:

1. Service Accountability
2. Data Collection
3. Indigenous Doula Program
4. Indigenous Anti-Racism Response (IARR) Training

These four interventions within the response system will support and maintain change across the health care system. The First Nations Anti-Racism Response system will be known for addressing any instances of racism and improving the cultural safety of medical services for First Nations citizens in northern Manitoba. Together, these interventions will provide the following:

- Prompt Assessment, Reporting and Complaint (Anti-Racism Coalition) resolutions providing regular feedback to service providers to assist them in closing health gaps and assessing the safety of care
- Anti-racism response education training to increase staff competency and capacity to intervene in racism
- Support for expectant Indigenous mothers and new mothers with their newborn babies
- Data collection and management to improve understanding, accuracy in research, and partner communication

Year One Project Status:

- Funding for the project has been secured in early 2022.
- Consultation with Knowledge Keepers for input and advice was done early on through virtual means due to public health restrictions because of the pandemic. They held seven meetings with topics such as law making, customary practices, ceremony, role of the advocate, and accountability.
- Initial meetings and partnership development with the NRHA has taken place. They agreed to collaborate with all components of the system.
- Work is underway with NRHA to being collecting racialized data at system entry points. A key element for much of this work.
- A focus group with NRHA patient relations staff will be held in the summer 2022
- A project manager is now in place
- The project team has been established
- Project specific roles and responsibilities for the team members have been developed
- A project specific strategic plan is being developed by the team and is nearing completion
- An authority matrix was created for the project and approved by the CEO
- Steps necessary to create the job descriptions for the Advocate and Navigators has begun
- Initiation phase of the project management lifecycle is 80% complete
- Planning phase of the project management lifecycle has begun

Harm Reduction

Keewatinohk Inniniw Minoayawin Inc. (KIM) has deliberately prioritized harm reduction as a key pillar in its northern First Nations health transformation. The work, grounded in Indigenous knowledge, aligns with KIM's mission to achieve health related services that are reflective of the needs and priorities of First Nations.

Indigenous harm reduction encompasses all the known western evidence-based benefits. The immediacy in our communities of saving lives via making Opiate Agonist Therapy (OAT) and Managed Alcohol Programs (MAPs) accessible is imperative. Currently OAT is not available in any northern MB First Nation which receives its healthcare via a federal nursing station in Manitoba. KIM also prioritizes harm reduction because, "for Indigenous communities, harm reduction= reducing the harms of colonization. This means that Indigenous harm reduction is not tethered to the use of substances." International Depository Authority of Canada (IDAC) 2019.

When we impact systems of colonization via Indigenous harm reduction, we impact both individual and community wellbeing (IDAC, 2019).

KIM's experience with the MAPs in Shamattawa First Nation demonstrated (via data harvesting) profound benefits in a short period of time and with relatively small financial investment. These informed the decision to invest in this work as a key pillar of KIM's early clinical transformation work.

Shamattawa First Nation MAPs Benefits included:

- improvement in participant mental and physical health
- improved participant quality of life
- improved family and community relationships and connections
- Five participants were also able to achieve full-time employment
- Significant reduction in alcohol related visits to the nursing station as well as expensive medevacs
- Improved sense of participant self-determination and community sovereignty

2021-22 PROGRAM ACCOMPLISHMENTS

- Five-year strategic plan for KIM Harm Reduction and Problematic Substance Use drafted and refined.
- Job description and salary scan for a harm reduction coordinator complete (awaiting funding to begin hiring process).
- The Shamattawa First Nation Managed Alcohol Program (MAP) transitioned to community delivery in October 2021. KIM supported Chief Redhead in training 25 band health staff in harm reduction & MAP principles in September 2021. KIM with MKO funded and supported the MAP from October through March 2022.
- A 20-minute professional video was made celebrating the Shamattawa First Nation MAP and has been shared with several MKO First Nations with permission from the community. We hope to be able to share this video with a larger audience soon.
- KIM has been a primary support for leadership in Sayisi Dene Denesuline Nation through their problematic substance use crisis which has involved several deaths. We supported the training of 20 members of Sayisi Dene Denesuline Nation, four from Mathias Colomb First Nation, one from Shamattawa First Nation. A total of 52 people attended the two-day training event including Chief Evan Yassie, Terry Goertzen and Dr M Isaac (FNIHB).
- As communities continually reach out to KIM for assistance with the crisis of problematic substance use, we are doing community engagement and refining our understanding of the unique needs of each community and the essential nature of this work. The communities that are reaching out have expanded outside of the KIM served communities including in the South and east side of the lake communities.
- As communities reach out KIM is providing support and advocacy continuously.
- Work is being done to develop peer support networks within northern First Nation communities. Two cross jurisdictional meetings were held and led by Dr Michael Routledge.
- Partnerships formed and developing with KTC and the Manitoba Harm Reduction Network.

Jordan's Principle Pediatrician & Clinical Health Psychologist Services

Keewatinohk Inniniw Minoayawin Inc. (KIM), received federal funding for the 2021/22 fiscal year to provide pediatrician and clinical health psychology services to several northern First Nation communities in the KIM region.

The Jordan's Principle initiative delivers pediatrician services to children and youth living in First Nation communities in northern Manitoba. Many were without local pediatric services and some with limited general physician services. This gap led to issues in the care and appropriate referral of children with health and developmental issues.

Through the Jordan's Principle initiative, pediatricians and nurse practitioners help to identify children and youth with previously unattended developmental and chronic health needs, as well as those who may require referral to specialized care or clinical health psychology services. Pediatric psychology services are often aligned with pediatrician care and provides diagnostic assessments for children who present with developmental anomalies. Psychology services have not been readily accessible to children in smaller or remote communities.

The clinical partners provide a full-time psychologist position to address the needs in the 13 communities. This is in collaboration between Jordan's Principle partners and the First Nations' Jordan's Principle Case Managers. The psychologists coordinate with pediatricians to provide needed consultation and direct services to children and youth, primarily in their local communities.

The clinical partners have budgeted a three-day visit once a year for in-community for child psychology and three five day visits per year for pediatrician services, with follow-up reports to the patient file, or provided via Telehealth where necessary. Upon availability, the partners continue to be flexible in services, providing more service to those communities that present a higher need.

FIRST NATIONS SERVED

Nine First Nation communities in northern Manitoba were initially identified as being under-serviced (i.e. no pediatrician/psychologist and/or limited general practitioner services):

1. God's Lake Narrows First Nation
2. Mosakahiken First Nation
3. Nisichawayasihk Cree Nation
4. Opaskwayak Cree Nation
5. O-Pipon-Na-Piwin Cree Nation
6. Sapotaweyak Cree Nation
7. Shamattawa First Nation
8. Tataskweyak Cree Nation
9. Wuskwi Sipihk Cree Nation

Based on self-identified needs and by request, four additional MKO First Nations were included in the pediatrician and psychology services, starting April 2021:

1. Barren Lands First Nation (Brochet)
2. Bunibonibee Cree Nation (Oxford House)
3. Pimicikamak Cree Nation (Cross Lake)
4. York Factory First Nation (York Landing)

PROJECT OUTCOMES

From April 1, 2021 to March 31, 2022, KIM's Jordan's Principle project delivered 28 pediatrician clinics and 13 psychology clinics to the 13 First Nations. The project has provided services to over 559 children and youth. These in-community and virtual appointments are believed to have saved an equal amount of out-of-community medical trips for patients and their escorts to health facilities in such places as Thompson, Winnipeg and other referral sites.

Cautionary note – COVID-19 Pandemic

Due to COVID-19, work was undertaken during that time for the planning of virtual clinics. Communication between the Jordan's Principle program and First Nations remained ongoing throughout the pandemic and necessary precautions were taken. We will continue to coordinate pediatrician and clinical psychology clinics for the First Nations, while monitoring the COVID-19 situation and adapting services as required.

COVID-19 and Jordan's Principle

During the pandemic KIM provided COVID-19 pandemic supports to First Nation communities. Community weekly check in's were provided.

479 Pediatrician/nurse practitioner visits – Number of children seen

80 Clinical Health Psychology/ Resident Visits Number of Children seen

REFERRALS

With a primary focus of identifying children and youth with previously unattended developmental and/or chronic health needs, clinical partners address primary and secondary healthcare issues as presented. As needs are identified, links are established with specialized health care providers, allied and mental health providers, and other support systems as required.

Types of referrals made by physicians to date have included:

- Allergy
- Assistive Technology
- Audiology
- Cardiology
- Child Development
- Children's Therapy
- Clinical Health Psychology
- Dietician
- Ears Nose and Throat
- FASD Clinic
- Genetics
- MATC
- Nephrology
- Occupational Therapy
- Ophthalmology
- Orthopedics
- Pediatrics
- Physiotherapy
- Psychiatry
- Psychologist
- Respiratory
- Rheumatology
- St. Amant
- Sleep Study
- Speech and Language Pathology
- Surgery (General)
- Urology

EDUCATION & TRAINING

Continuing education and on-site workplace development remain integrated in the Jordan's Principle project. Clinical partners offer education as part of their visits by training the professionals in the community on relevant and current topics in pediatric care.

To promote strong relationships between healthcare and communities for a future generation of health care professionals, resident doctors have been encouraged and enabled to accompany clinicians, while KIM has made a commitment to develop and provide anti-racism training for the project's clinical team.

The goals of this training was for providers to 1) identify Indigenous specific racism in health-care practice and understand the connection to larger systemic patterns 2) examine power relations and connect to personal and professional identity 3) demonstrate skill to apply critical analysis to one's own practice, and in collaboration with colleagues to create safe practices.

EVALUATION

Monitoring and quality assurance of clinical services would be ongoing throughout the project. Due to the COVID-19 pandemic the project has been put on hold. We will resume when it is safe to do so.

ENGAGEMENT

The KIM Jordan's Principle initiative was successful with Community Engagement. Jordan's Principle was able to provide meaningful engagement with the communities they support in the following areas:

- Meetings with staff, partners and community leaders regarding community services
- Various training sessions (Anti-racism, effective communication)
- Updates, introducing new staff, and discussions on improvements to better support communities

Important to note:

- Jordan's Principle Technical Advisory Group (TAG) will oversee a Manitoba First Nation's approach to the full implementation of Jordan's Principle.
- More communities will be added to our service portfolio in the 2022/2023 fiscal year.

Community Engagement

The community engagement planning and development activities are reflected in the KIM bylaws under Article III – Purpose and Objectives. Objective (e) states: "to increase public participation in health care delivery" and objective (j): to improve health care outcomes and provide better access to health care for First Nations people. KIM has continued to support the health, wellness, and safety of First Nations people in northern Manitoba.

This report provides an overview of the Community Engagement Process for implementation in the new fiscal year as KIM Clinical Care Transformation efforts continue. Community engagement is a critical component that will feed into the overall clinical care transformation process going forward. The feedback, input and recommendations from the leadership, community health staff and community members will allow KIM to have a greater understanding and appreciation of the unique needs of each First Nation in the MKO region.

COMMUNITY ENGAGEMENT – PURPOSE

The purpose of community engagement is to seek out and document the experience, opinions and stories from First Nations elders, leaders, members, youth, 2SLGBTQ members, community health directors, health staff and healthcare providers including Traditional Knowledge Keepers, and various community stakeholders from the MKO member communities.

To respect the sovereignty of each First Nation, the protocol is to seek approval from the leadership to visit the community and host community engagement sessions. It is anticipated that each engagement session will be approximately one and a half hours in length. Three separate engagement sessions are planned for the leadership, community-based health staff and the community membership.

COMMUNICATIONS PLAN

Communication tools have been developed to ensure the leadership and community members are aware of the engagement sessions. For example:

a) Letter to Chief and Council

b) Selection of dates is based on community direction, logistical issues, or other circumstances

c) Power Point Presentation – KIM Governance and background information on who we are and what we do.

d) Communication tools – poster and radio script

e) Consent Forms – to be used for photographs taken during the sessions

f) Community Input Sheet – used for community members to provide their input

g) Community Engagement Summary Report – data analysis and report back to the community to validate the information collected is reflected accurately

COMMUNITY ENGAGEMENT QUESTIONS

The community engagement session is a facilitated conversation and discussion about what would be needed to improve health and wellness. However, the conversation does not have to be about fixing the current health care system, but more about creating a new health care system that would benefit the communities we support.

Question #1: What are the most important actions that need to be taken to improve health and wellness in your community?

Question #2: What are some of the priorities you have identified that you would like KIM to support?

COVID-19 Pandemic Timeline

MARCH 2020
COVID-19 declared a pandemic March 11
First case (Alpha variant) identified in Manitoba March 12
First MB death – March 27

JULY 2020
Delta variant begins to circulate
Second wave would begin in September

DECEMBER 2020
COVID-19 vaccinations begin

MARCH/APRIL 2021
Third wave (Gamma variant) begins

SEPTEMBER 2021
Fourth wave (Delta variant) begins

OCTOBER 2021
Third vaccinations for COVID-19 begin
Rapid Antigen Testing begins to rollout to the First Nation communities

NOVEMBER 2021
Mobile Vaccine Outreach Clinics in Winnipeg begin to provide primary care and vaccination services for hard-to-reach populations

DECEMBER 2021
Fifth wave (omicron variant) begins
The Omicron variant had the biggest impact amongst the northern First Nations communities. Major out breaks occurred in multiple communities.

JANUARY 2022
COVID-19 therapeutics were prioritized for First Nation communities and ensuring POCT testing was available

Special Report – COVID-19 Pandemic and Post Pandemic

The work conducted over this past year is reflected in the Keewatinohk Inniniw Minoayawin Inc. (KIM) bylaws under Article III -Purpose and Objectives. Objective (f) which states: "to coordinate and integrate health care delivery collaboratively and in partnership" and objective (j): to improve health care outcomes and provide better access to health care for First Nations people. KIM has continued to collaborate with the Pandemic Coordination Response Team (PRCT) to support the health, wellness, and safety of First Nations people in Northern Manitoba. KIM played a key role in the Vaccine Implementation Task Force (VITF) which was a trilateral table that worked collectively with First Nations in the rollout/implementation of the COVID-19 vaccine.

COVID-19 VACCINE ROLLOUT

This year has been an extremely busy year as the provincial code red restrictions continued and the First Nation communities were under lockdown with security checkpoints and enhanced surveillance activities in place. The continuation of travel restrictions to northern Manitoba unless medically necessary were also in place. To enter any First Nation community, you needed to have a "negative" COVID-19 test.

COVID-19 VARIANTS

The COVID-19 virus variants of concern changed over the course of the pandemic with each strain becoming more contagious and more transmissible. The Delta variant began to circulate in July 2020 which became the dominant strain over the summer across the province. However, in January 2022, the Omicron variant became the dominant strain and easily spread across the province creating outbreak situations in many of the First Nations communities in northern Manitoba. The first COVID-19 positive case reached northern Manitoba in April 2021.

The Omicron variant has had a major impact in northern First Nations communities as outbreak situations, often with multiple First Nations communities impacted at the same time. Contributing to the exponential rise in the number of positive cases were the high number of people living within the households which lead to an increase in positive cases seen over a short period of time. The social determinants of health, poverty and systemic racism identified the gaps/failures of the provincial health care system. Shared Health projected that Manitoba would see one thousand new positive cases per day by January 2022. The high number of daily positive cases had a significant impact on the provincial health care system as the number of hospitalizations and intensive care units were exceeding maximum capacity limits.

REDEPLOYMENT OF HEALTH CARE PROFESSIONALS

All community based and/or Tribal Council health care professionals were redeployed to COVID-19 pandemic response activities as the number of positive cases began to rise. All "hands-on deck" public health efforts shifted to "containment" activities such as contact tracing and management, Rapid Response Testing, and referrals to Alternative Isolation Accommodation sites across the province. At the request of the community, additional human resources were brought in to support the community-based Pandemic Response Teams such as Rapid Response Teams, Canadian Red Cross, Canadian Armed Forces, and the AMC Ambassadors.

Collaborative support was offered through service provider calls in collaboration with Red Cross, ISC, FNIHB, MKO/KIM, and the First Nations community/pandemic health teams.

COVID-19 VACCINATION CAMPAIGN

As Health Canada approved vaccines for COVID-19, Public Health efforts also shifted to the COVID-19 Vaccination Campaign. Two mRNA vaccines – Pfizer and Moderna were the first vaccines to receive approval from Health Canada. Due to a limited supply of vaccines, prioritization of First Nations (60+), health care professionals and personal care homes were vaccinated in the initial rollout of the vaccine in early 2021.

The COVID-19 vaccination campaign for first and second doses given four weeks apart remained a top priority for the First Nation adult population in April – June 2021. Moderna was the selected vaccine for distribution to all First Nations due to the storage issues of the Pfizer vaccine. In May 2021, Health Canada authorized vaccination of adolescents 12 to 15 years of age. Throughout the course of the year, research conducted on the of the efficacy of the vaccines highlighted the decreased effectiveness of the vaccines after six months. As a result, third dose vaccinations were initiated in October 2021 in all high risk congregate settings, personal care homes, and high-risk individuals.

KIM has continued to collaborate with the Pandemic Coordination Response Team (PRCT) to support the health, wellness, and safety of First Nations people in Northern Manitoba.

MOBILE VACCINE OUTREACH CLINICS — UNSHELTERED RELATIVES

Preliminary discussions on urban pop-up clinics in Winnipeg to provide primary care and vaccination services to the hard-to-reach population was initiated in June 2021. A collaborative partnership between KIM, Main Street Project, Aboriginal Health and Wellness Centre and Winnipeg Regional Health Authority was developed.

The Mobile Vaccine Outreach Clinics were implemented from July to November 2021 and proved to be a successful venture in reaching the target population. Main Street Project provided the van and two harm reduction outreach workers; Aboriginal Health and Wellness Centre provided two outreach workers, sandwiches, water and juice; Winnipeg Regional Health Authority provided the vaccine/immunization supplies and a vaccinator; KIM provided the primary care physicians and nurse as vaccinators. Other organizations also contributed to physician services and joined the mobile outreach team when available.

The mobile outreach team provided vaccinations, harm reduction supplies, dressing changes, referrals to primary care, referrals for follow up harm reduction services, and prescriptions and/or refills. The mobile teams went out three days/week along the banks of the Red River and various locations throughout the city wherever the encampments were located.

Data reports from Shared Health highlighted the effectiveness of the mobile vaccine outreach clinics in reaching the hard-to-reach unsheltered population. By December 2021, 73% of the 2000+ had received one or two doses.

COMMUNICATIONS

Communications continued to play a large part in supporting both the First Nations to ensure everyone was kept informed of updated information and activities associated with pandemic response. Public Health messaging focused on increasing vaccination rates, social distancing, hand sanitization, to stay home if you had symptoms and to limit the number of contacts. Public service announcements and information sessions – provided via radio, tv and social media platforms included:

- Information sharing – teleconferences, virtual meeting platforms (Zoom/Teams), Facebook Live
- Media coverage – news outlets (tv, newspaper, radio, internet)
- Letter-writing – correspondences to provincial/federal governments and other vital stakeholders
- Briefing notes – keeping Leadership apprised of all updates or areas of concern

COVID-19 PANDEMIC RESPONSE COMMITTEES

Over the past year, KIM participated in a vast number of provincial/federal committees to keep abreast of all COVID-19 related activities across the province and to monitor trends across the country.

a) National Working Groups
- Indigenous COVID-19 Vaccine Planning Working Group
- FN/I/M Living in Urban and Related Homelands Vaccine Task Group

b) Provincial Committees
- Vaccine Implementation Task Force (Trilateral Table)

c) First Nations Organizations
- Weekly Pandemic Coordination Response Team meetings
- COVID-19 KIM/SCO Calls with Leadership

d) NRHA
- COVID-19 – Northern & Indigenous Partners Call
- NRHA COVID-19 Vaccine Planning Clinical Team

e) WRHA
- Urban Indigenous Vaccine Committee
- WRHA Vaccine Accessibility Campaign

f) FNIHB/ISC
- Biweekly COVID-19 FNIHB/ISC Calls with Leadership
- Integrated Vaccine Operations Centre Call which later transitioned to FNIHB Incident Command (initiated October 18, 2021)

FIRST NATION PERSONAL CARE HOMES

The COVID-19 pandemic was major cause of concern among our elderly living in long term care homes. In the personal care home sector experienced high rates of death amongst the senior population across Manitoba and the country. The height of outbreaks happened during the second wave with three of the eight First Nations Personal Care Homes, two of which were in the MKO region. The severe shortage of staff left the personal care homes in a vulnerable state and forced to operate in "crisis" mode. It became evident there was a need for surge capacity and support/ safety Issues.

The deployment of point-of-care testing analyzers to all eight First Nations Personal Care Homes was conducted over a two-year period. In 2021/2022 the Panbio Rapid Testing devices were implemented in the remaining Personal Care Homes in Peguis First Nation(Dec 2021), Bunibonibee Cree Nation (Nov 2021), Opaskwayak Cree Nation(June 2021), and Sagkeeng First Nations (May 2021). Training and capacity development and ongoing support was provided in collaboration with the National Microbiology Lab.

RAPID ANTIGEN TESTING

The rollout of Rapid Antigen Testing was initiated in October 2021 to the First Nation communities as the PCR testing sites across the province were unable to keep up with the demand as the number of covid cases continued to rise exponentially. The Rapid Antigen Testing was much more effective as it produced results within 15 minutes thereby reducing the potential spread of COVID-19 within the communities.

COVID-19 THERAPEUTICS

COVID-19 therapeutic treatments are used to treat COVID–19 positive cases who are at high-risk for progressing to severe COVID-19 outcomes. Antiviral medication was available (oral or IV) was initiated in January 2022. KIM was instrumental in ensuring that COVID-19 therapeutics were prioritized to FN communities and ensuring that POCT testing was available. Eligibility criteria were developed on who could access the medication as research was shown to be a highly effective in reducing hospitalizations and/or death.

Notes

Notes

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Minoayawin Inc.
Northern Peoples' Wellness

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