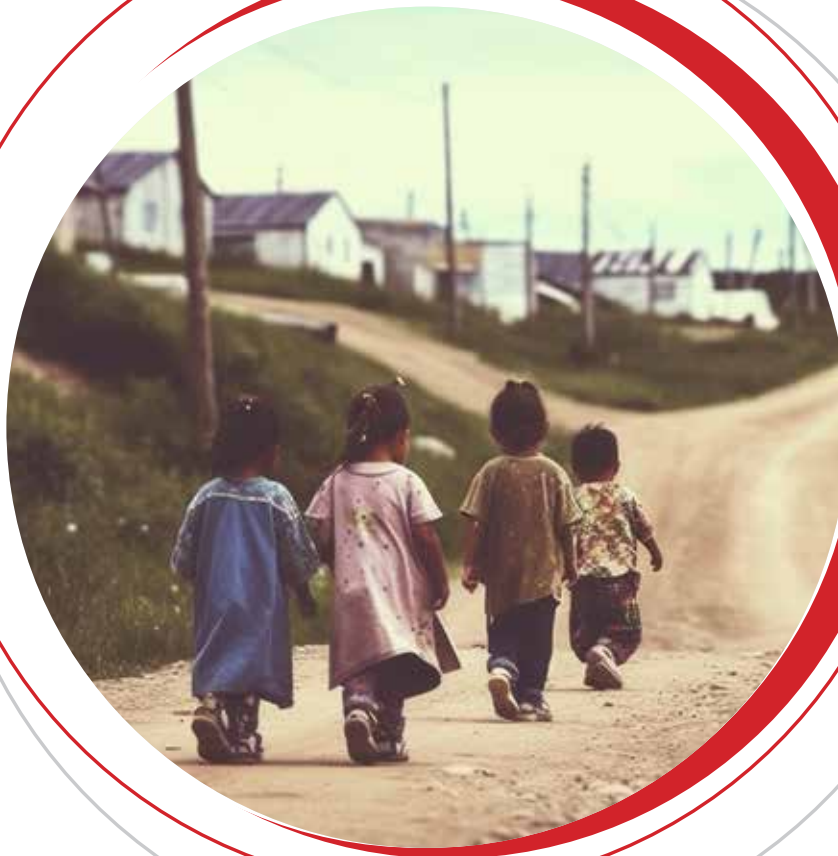




Keewatinohk Inniniw Minoayawin Inc.

Yathe Hotśj Dene ʔ Edenąkanelnj | Northern Peoples' Wellness



2022 - 2023

ANNUAL REPORT

Table of Contents

Message from Keewatinohk Inniniw Okimowin Council..... Page 4

Message from KIM Inc. Board of Directors Page 5

Message from Dr. Barry Lavallee, Chief Executive Officer..... Page 6

Chief Executive Officer Report Page 8

Governance and Strategic Engagement..... Page 10

Operations..... Page 13

Finance..... Page 14

Partnerships..... Page 15

Acknowledgements..... Page 16



Keewatinohk Inniniw Okimowin Council

A message from Chief David Monias

Greetings to my fellow Keewatinohk Inniniw Okimowin Council (KIOC) members, the Board of Directors, Elders, Health Directors, northern First Nation community members, KIM Inc. staff and stakeholders...

I would like to take this opportunity to share a synopsis of the work that was undertaken by the KIOC, over the last fiscal year as we worked together to build a strong foundation for better health outcomes for northern Manitoba First Nations through KIM Inc. This is a very instrumental time to implement needed health innovations led by KIM Inc. as well as very important as we collectively explore the potential of Health Transformation and Health Transfer that is reflective of the needs and priorities of the First Nations people of northern Manitoba.

The KIOC is comprised of 23 members each appointed by their respective Regional Caucus through their own process. This year I was honoured to accept the role as Chairperson of the KIOC, to guide deliberations and provide valuable insight into health transformation and transfer priorities.

The theme for our Annual General Meeting is 'First Nations Leading the Way'. The leadership of the KIOC certainly demonstrated leading the way in thoughts and actions. For example, in May, the leadership issued a Declaration of a State of Emergency as a result of the nursing shortage. In October, the KIOC mandated KIM through resolution with "the permission to proceed to carry out discussions and respectful engagement, exchange of information and negotiations on behalf of the 23 First Nations of northern Manitoba towards the negotiation of an AIP." In February the KIOC deliberated on the process to ratify the draft AIP, and in March they passed a resolution outlining the ratification process.

This year the KIOC appointed members to the Board of Directors, eight (8) in April and an additional four (4) in November 2022. As the Chairperson of the KIOC, I acknowledge the Board for 'hitting the ground running' and congratulate them for their achievements towards leading the vision for better health outcomes for all northern Manitoba First Nations.



I commend the determination of my colleagues on the KIOC who spent considerable time discussing and refining amendments to our Bylaws to ensure that our goals and priorities are embedded throughout KIM Inc. I also commend the KIOC for their dedication to seeking a better future where First Nations are treated with dignity, compassion and free of racism when they seek care in the health system.

On behalf of the KIOC, we are indebted to our Chief Executive Officer, Dr. Barry Lavalley for his tireless commitment and creativity to First Nation health innovation, his advocacy and insight to righting a broken northern health system and to leading a team of professional staff within KIM Inc.

Finally, to the people of the north, know that the elected leaders of the KIOC, the Board and the staff of KIM have heard your voices on the dire need for systemic change throughout the health system. We will continue to advocate for a better future.

I look forward to playing an active role and partnering with my colleagues and northern First Nation communities in another year of First Nations' Leading the Way!

Respectfully,

Chief David Monias

KIM Inc. Board of Directors

A message from Frank Turner, Chair

When I was appointed as the Board Chair a little over a year ago, I was very honoured to have the opportunity to be part of creating a better health system for northern Manitoba First Nations.

Throughout my career, I have looked forward to a time when, as First Nations, we could create and oversee our own health services focused on improving health outcomes while responding to long standing inequities.

Today we are moving so much closer to that goal with the development of KIM Inc. along with recognition of systemic Anti-Indigenous racism and confining policies that have been embedded in Canada's health system from the start. We have a great opportunity before us to address those inequities and to improve the lives of our people by delivering our own health care in ways that we define.

Looking back on the past year, there were a number of obstacles put on our path, but we continue to move forward knowing that improving healthcare for northern First Nations will not only impact this generation but also for generations that follow.

The theme for this AGM is "First Nations Leading the Way" in recognition of the important work that is underway with the ongoing development of KIM Inc. and the humility in which leadership has undertaken and guided this important work. Today we share the progress of KIM Inc., including the challenges and successes that were part of the 2022-2023 fiscal year.



In closing, the past year has been marked by substantial progress toward our goal of empowering northern Manitoba First Nations. Despite challenges, our collective dedication and expertise have propelled us forward. I commend the remarkable strides made and express my gratitude to the board for their unwavering commitment. Together, we're forging a future where our communities define and receive the care they rightfully deserve.



Message from Dr. Barry Lavallee Chief Executive Officer



Relationality, Courage and the unprepared gravel road

The path to Keewatinohk Inniniw Minoayawin Inc.'s future success is directly tied to the formation of relationships. This journey can be likened to an unprepared gravel road. The vehicle in this case is KIM Inc. The vehicle has a goal to reach, is time-bound, and requires lots of energy as the pathway is unknown and almost entirely unpredictable.

The continued preparation of the gravel road is like a relationship, which requires time, energy, courage, commitment, and for KIM Inc. the centering of First Nations communities.

This focus becomes more targeted as more guidance arrives from leadership and community.

I see courage from community people and the leadership in the darkest of situations. Their strength is difficult to fathom. It must falter and we must acknowledge that it cannot be sustained without support. I also see the beautiful things being done at the community level and the possibilities.

They need help and we need help at KIM Inc.

This work is humbling but our shared purpose heartens me to go as far as I can down this road.

I can see the changes, with the right parameters. I have faith in that vision. It's faith in our own people.

How is this relevant to KIM Inc. in relation to all its partners?

What are some central themes buttressed to KIM Inc to date?

Harm Reduction and Juxtaposition to Laws and the Legal System

KIM Inc. continues to use the principles and practices of harm reduction and, when and if needed, addictions services in response to emerging and previously under appreciated trauma informed needs of community.

Indigenous harm reduction approaches go beyond substance use challenges as many members struggle to cope in different ways (with mental unwellness, relationships, with accessing supports due to stigma, understanding how cultural reclamation is healing) due to dense levels of personal and aggregate trauma stemming from racial incarcerations via the Indian Residential Schools, Sixties Scoop and the Child and Family Services system. The high rates of juxta positioning to policing and finally prisons add to this form of racial oppression.

2 circles – judicial system and the policing system, then finally its incarceration

As well, socially constructed poverty which is underpinned by targeted policies at all levels of the crown governments give the appearance of normalcy of the daily business in delivering the kinds of health services First Nation communities have been forced to accept as normal. This is so much the case, that the mechanisms to draw attention to the truth do not exist.

How can truth be told when the asymmetry in power remains intact between health care systems and First Nations people? It is within this framework that truth can never be seen.

We see it. My job as CEO and KIM Inc.'s job is to call out the truth to systems (including influencing changes in policy) while also finding ways with First Nations communities to do what they know will help the people and bringing new approaches that may not always be easy to accept.

New approaches like harm reduction do not always work, but we must continue to try. This is part of what health transformation is about.

What about racism, Health Transformation and Indigenous Health Legislation?

Death and harms result from the ongoing use of racial stereotyping within environments of asymmetrical power where white power trumps any opportunities of First Nations to bring wellness and healing to their communities.

Taking on the role of advocacy towards redefining and creating new laws requires remarkable efforts on behalf of Indigenous leaders, communities, and scholars. Yet, many communities and organizations take on these herculean tasks of changing and informing racist policies with very few human resources to do so.

What appears as an opportunity to make way for reconciliation, falls when the Government of Canada is faced with real answers from First Nations on what must change – whether via health transformation, First Nations sovereign choices, or the proposed federal Indigenous Health legislation agenda.

“I can see changes, with the right parameters. I have faith in that vision. It’s faith in our own people.”

Dr. Barry Lavallee

Settler supported systems (FNIHB and other forms of administrative arms to crown governments) appear to lack the essential components of paying attention, caring and true partnership. The mundane and predictable administration of racist health systems provides employment for non-Indigenous settlers; these are truisms we see, know, and understand and they define unabashedly the juxtaposition of how non-Indigenous people in Canada continue to benefit from the oppression of First Nations. The path to the continuing genocide of First Nation members is embedded within the dense settler colonial bureaucracies. Many cannot see past their socially constructed privileges, yet they administer the health care systems charged with advancing health and wellness of First Nation peoples.

The paradox undermines the importance of relationality and diminishes most efforts at self-efficacy of singular and aggregate members of First Nation communities. The streets of Thompson, The Pas and Winnipeg – where we know from having been there with our relatives – that it is First Nations people who represent 90-100% of the poorly housed, the couch surfers, or are experiencing homelessness. These are people who need the most care, respect and dignity, and, yet importantly are subject to the mostly benevolent organizations tasked with bringing the Indian to modernity; the organizations take on the Sisyphean task with excitedness and assurances that their efforts are true.

It is within these frames that Keewatinohk Inniniw Minoayawin Inc. searches for pathways, justice, and the ability to change the health care systems. Innovations in health care delivery for First Nations people within and out of home communities requires a smoother road. The elimination of First Nation specific racism must always be at the forefront of this work.

Health Transformation and the core considerations for Keewatinohk Inniniw Minoayawin Inc.

The provincial government invited us to work to help define how to spend up to \$115,000,000 to improve health care for citizens living in Northern Manitoba. We spent time on several structural and developmental processes like governance, bureaucratic devices, meetings, and more meetings. What was of concern at the onset was the lack of specificity to address the health and healing of First Nation communities, and, more so, the provincial government’s definition of where the money would and could be allocated. The money was and is to help strengthen intermediate services. Why is this important? You see very few if any of the 23 First Nations communities providing intermediate services like birthing, surgical procedures etc. It prompted us to consider, “What are some of the core considerations to advance health and healing of First Nation communities that currently are non-existent within any of the provincial or federal bureaucratic models of funding?”

First Nations sovereignty (Nation by Nation) is about authority and power to make significant changes in health care, when actualized in any model of care that serves First Nations people in and out of home communities. And, importantly, it is about changing what has never worked and moving towards what First Nations always have known - an inclusive approach to refining a health care system strengthened with a solid base inclusive of First Nation histories, successes, past challenges but, more so, our dreams for the next generation. This would be a transformative health system where First Nations people are finally listened to and to have First Nations needs addressed with kindness and compassion.

Health transformation to be fully possible must sit after First Nations sovereignty is embedded within the work. First Nations sovereignty comes before any gap filling or innovations in the delivery of health services in community and out of community.

First Nations sovereignty is the most important determinant of health and hope for communities. The work will continue with these key considerations at the table and penned with full truth as we move past the Health Transformation Agreement in Principle toward the outlining of Framework Agreements. Sovereignty, full authority over newer resources and more than adequate funding to realize and bring to bear the hopes, dreams, and aspirations of 23 sovereign First Nations.

Chief Executive Officer Report

As we reflect on the progress made in our commitment to transformative healthcare with the northern First Nations, this report encapsulates our collective effort throughout the year. Every day Keewatinohk Inniniw Minoayawin Inc. (KIM Inc.) and its partner organizations sees the First Nations paving the way towards health and wellness, in a dedicated pursuit to address the diverse needs across the region.

From advancing harm reduction strategies to Jordan's Principle services and anti-racism initiatives like Sākihiwēwin, every success outlined in this report signifies an unwavering dedication to proactive, community-driven healthcare. The voices of the First Nations continue to echo, shaping our strategies and emphasizing the essential need for accessible, respectful, and racism free healthcare.

Harm Reduction Update

The Harm Reduction Team demonstrated a true commitment to community engagement and support through extensive visits and gatherings in various northern First Nations. These initiatives aimed to address multifaceted issues, such as racism, trauma, and violence; emphasizing the need for respect, healing centres for women and children, access to cultural practices, and better healthcare services. They also focused on harm reduction strategies by providing Naloxone training and support to combat substance use disorders and the opioid poisoning epidemic. The team further engaged with individual communities to tackle crises like the crystal methamphetamine use, holding healing activities and discussions tailored to the needs of men and women, cultural ceremonies, and governance presentations. Additionally, they provided a safe space for vulnerable community members at the Thompson Healing Center for open discussions and support.

The Dispensation Project, a collaboration between KIM Inc., Innovative Solutions Canada, and Dispension Industries Inc., aims to revolutionize harm reduction and healthcare access for Indigenous communities using cutting-edge dispensation machines and lockers. Updates on how the Dispensation Project transforms harm reduction and healthcare support will continue in the next fiscal year.

Jordan's Principle

KIM Inc's Jordan's Principle initiative secured federal funding, ensuring continuous pediatrician and clinical health psychology services for 14 underserved First Nation communities. Over the past fiscal year, the initiative conducted 31 pediatrician clinics and 12 psychology clinics, catering to the needs of more than 638 children and youth. The focus remained on addressing developmental and chronic health needs, creating crucial links and referrals for better care.

Due to its success in addressing healthcare gaps, another four communities have requested to be a part of the program. Collaborative efforts with Ongomiizwin Health Services (OHS), Northern Regional Health Authority (NRHA), and AMDOCS care played a vital role in enabling regular pediatrician visits to these communities. Utilizing local resources and nursing stations, the approach aimed to ensuring consistent and accessible healthcare services. The forthcoming year's plan focuses on extending services to encompass both in-person and vital care, aiming to deliver essential healthcare to all 18 supported First Nations.

Clinical Care and Prevention

KIM Inc. remains committed to advancing the health and safety of First Nations communities in northern Manitoba. Our efforts in nursing issues have been pivotal, notably addressing language proficiency testing benchmarks, ensuring a fair pathway for our First Nations relatives in obtaining their Registered Nurse License. Moreover, our support for the Manitoba First Nation Personal Care Home Network has seen substantial strides in legal entity incorporation, reviewing care standards, and managing COVID-19 outbreaks, despite persisting challenges such as nursing shortages and wage disparities.

Partnerships with initiatives like the Canadian Partnership Against Cancer highlight our commitment to proactive health measures. Engaging in projects such as the HPV Cervical Cancer Screening and Colon Check, alongside dedicating efforts to workforce development, amplifies our commitment to advancing community health. Our involvement in research projects like Kidney Check and Virtual Kidney Check underscores our commitment to culturally sensitive, community-based care and innovative screening methods. Throughout, our resolve remains unwavering, dedicated to enhancing health care outcomes and advocating for the health and wellness of northern First Nations.

Community Engagement

Our commitment to community engagement stands at the heart of our health transformation mission. Feedback from community sessions has been instrumental in shaping our strategies to better serve the unique needs of each First Nation we support in northern Manitoba. Key themes have emerged, revealing crucial challenges faced by these communities.

Access to health services, particularly issues with transportation programs, has been a recurring concern. Long waiting times, transportation denials, and difficulties reaching approval authorities have been highlighted. Additionally, the deep-seated issue of racism in accessing health services remains a significant concern for many. There's a resounding call for capacity development and training within communities to effectively address healthcare challenges. These insights are pivotal in guiding our approach to ensure more accessible, respectful, and effective healthcare services for the communities we support.

These community engagement sessions have been invaluable in shaping KIM Inc.'s approach to health transformation, allowing insight into each First Nations' unique needs and challenges in a meaningful way – for example, Fox Lake Cree Nation's significant transportation obstacles faced when the northern tourist season is at its peak, or Sapotaweyak Cree Nation's issue with unreliable cellular service in emergency situations. The feedback received will continue to guide our efforts in providing effective and culturally appropriate health care services to First Nations people in Northern Manitoba.



Community Engagement Sessions Conducted

1. Fox Lake Cree Nation
June 1, 2022
2. War Lake First Nation
June 7, 2022
3. Unsheltered Relatives in
Thompson
June 8, 2022
4. Bunibonibee Cree Nation
June 15, 2022
5. Leaf Rapids
August 9, 2022
6. Sapotaweyak Cree Nation
December 6, 2022
7. Mosakahiken Cree Nation
December 7, 2022
8. Youth at the Link Youth Resource
Centre



Governance & Strategic Engagement

The Keewatinohk Inniniw Minoayawin Inc. (KIM Inc.) Governance and Strategic Engagement Unit works collaboratively with the Keewatinohk Inniniw Okimowin Council, KIM Board of Directors and the six regional caucuses through Health Transformation Facilitators. The Keewatinohk Inniniw Okimowin Council and the Board are supported by the KIM Governance and Strategic Engagement Unit with administrative tasks including health policy analysis and research, support on health transformation engagement activities, and the ongoing governance of KIM Inc. The six regional caucuses are funded through partnership agreements by KIM Inc. to employ Health Transformation Facilitators who act as liaisons between their communities and KIM Inc.

On November 15 and 16th, 2022 the Governance and Strategic Engagement Unit led the delivery of an Agreement in Principle Workshop, bringing together community-based health professionals, First Nations leadership, KIM Inc. staff, and representatives from the federal government including First Nations & Inuit Health Branch - Ottawa and Manitoba Regions.

Federal government representatives provided broad scope presentations on all aspects of their program highlighting areas for health service transformation and transfer from Indigenous Services Canada to KIM Inc. Health Transformation Facilitators provided a joint presentation informed by engagement feedback from their regional caucuses, highlighting concerns of racism, service gaps, and common experiences of inequity faced by northern First Nations people in Manitoba

Keewatinohk Inniniw Okimowin Council (KIOC)

The Keewatinohk Inniniw Okimowin Council (KIOC) is composed of 23 members appointed by each of the six Caucuses through their own process. KIOC members must be either a Chief or Councillor of a First Nation. KIOC members selected Chief David Monias as their Chairperson to guide deliberations and provide valuable insight into health transformation and transfer priorities. The KIOC also appoints the KIM Inc. Board of Directors, advocates for KIM Inc., and is the only part of the governance structure with the authority to change the KIM Inc. bylaws. The Grand Chief of the Manitoba Keewatinowi Okimakanak Inc. (MKO) is an ex-officio, non-voting member of the KIOC.

The Keewatinohk Inniniw Okimowin Council met regularly and accomplished many major milestones to build a strong foundation at KIM Inc. This fiscal year, the Keewatinohk Inniniw Okimowin Council met on the following dates:

- April 1, 2022
- May 24 – May 25, 2022
- October 20, 2022
- December 9, 2022
- February 10, 2023
- March 7, 2023



In April 2022, the Keewatinohk Inniniw Okimowin Council appointed the Board of Directors and in May, they issued a Declaration of a State of Emergency as a result of the nursing shortage and made important amendments to the KIM Inc. Bylaws. In October, the KIOC mandated KIM Inc. through resolution with “the permission to proceed to carry out discussions and respectful engagement, exchange of information and negotiations on behalf of the 23 First Nations of northern Manitoba towards the negotiation of an Agreement In Principle.” This resolution officially began the process of drafting the Agreement in Principle, which will lead to an eventual Framework Agreement with the Government of Canada. Additionally the KIOC set the terms of office for the Board, and directed that KIM Inc. do a further call for additional Board members.

On November 29, 2022, KIM Inc. hosted their second Annual General Meeting at Winnipeg’s Wyndham Hotel where additional KIM Inc. Board of Directors were appointed by the Keewatinohk Inniniw Okimowin Council.

In December the Keewatinohk Inniniw Okimowin Council assigned terms to the newly appointed Board members from the Annual General Meeting. In February the Keewatinohk Inniniw Okimowin Council deliberated on the process to ratify the draft Agreement in Principle, and in March they passed a resolution directing the ratification process.

The Board of Directors

Directors of the Board are individuals who reflect a broad range of skills and experience, enabling them to act together effectively to fulfill the mandate of KIM. The Board is responsible for the overall operations of KIM and members are selected by the Keewatinohk Inniniw Okimowin Council.

On April 1, 2022, the Keewatinohk Inniniw Okimowin Council appointed the following individuals to the KIM Board of Directors:

Cathy Merrick	Garry Munro	Glenda Sandy
Florence Duncan	Sarah Samuel	Raymond Robinson
Mirenda Sutherland	Myra Tait	

A Board orientation meeting was held in May, with an in-depth orientation session in October. Additionally, on October 4 and 5, 2022, the Board selected Cathy Merrick as Chairperson, Raymond Robinson as Vice Chairperson, Florence Duncan as Secretary, and Sarah Samuel as Treasurer. The Board heard staff presentations from each of KIM Inc.’s program areas and were provided with an overview of the three-part governance structure and bylaws, and a review of their draft Governance Manual.

This fiscal year we were saddened to hear of the loss of Garry Munro, who made many contributions to northern First Nations health. As well, Cathy Merrick went on to become the Assembly of Manitoba Chiefs Grand Chief. Keewatinohk Inniniw Minoayawin Inc. is indebted to both former Board members for their contributions and support of KIM Inc. and to the betterment of health outcomes for the people of northern Manitoba.

At the 2021/22 Annual General Meeting the Keewatinohk Inniniw Okimowin Council appointed the following additional Directors to the Board:

- Frank Turner
- Loretta Bayer
- Diane Flett
- Grace Kyoan-Achan

A subsequent Board meeting was held on March 2, 2023, where Directors were provided an update/orientation to KIM Inc. and established a meeting schedule and priority tasks. Since May 2022, the strategic focus has been to create and establish KIM Inc. as a northern First Nations-led health organization. Examples of some achievements include:

- Development of Governance Policies/Completion of Board Orientation
- Presentations to the Board of Directors from staff on current program areas
- Staff/HR – Development of HR policies, procurement policies, health and safety committee, recruitment, and implementation of staff positions.

Regional Caucuses - Health Transformation Facilitators

This year KIM Inc. continued to fund each regional caucus for information sharing, capacity building and extensive community engagement activities. Through partnership agreements, each regional caucus is funded to enhance the relationship with KIM Inc. by employing a Health Transformation Facilitators, provide administrative support, conduct ongoing community engagement, and for internal strategic planning to each regional caucus.

There are six Regional Caucuses (two Tribal Councils and four independent First Nations) who have respective Health Transformation Facilitators. Health Transformation Facilitators provide orientation to their caucuses on the role of KIM Inc. and its governance structure, as well as the process of health transformation and transfer. These orientation sessions have included meetings and discussions with community-based health teams, Health Directors, and leadership.

Health Transformation Facilitators seek feedback from First Nations community members to identify health priorities and system gaps. Community feedback is brought back to KIM Inc. where it is used to inform advocacy efforts, service innovations, and the development of an Agreement in Principle.

Summary of Activities:

Since the fall of 2022, Health Transformation Facilitators representing KIM Inc.'s six caucus regions have initiated engagements with membership (both on- and off-reserve) in various formats including:

- In-person group sessions, including ½ day, full day, evening/weekend.
- Focus Groups with youth, Elders, off-reserve, health staff, and other community-based professionals.
- One-on-one meetings with Elders and people with mobility challenges in their homes.
- Social media – Facebook information ads
- Local media – community radio, posters, brochures
- Surveys

The KIM Governance Unit has supported Health Transformation Facilitators with the following:

- Orientation session for each Health Transformation Facilitator and their Supervisor
- Group training to enhance presentation and facilitation skills.
- Community Engagement Resource Guide
- KIM Inc. Community Engagement Toolkit

- Creating PowerPoint presentations and surveys
- Facilitating the development of communication principles
- Workplan templates/community health needs and resources scan checklist
- Establishment of Terms of Reference to guide the collective efforts of Health Transformation Facilitators through sharing knowledge and expertise.
- Agreement in Principle Presentation and Question & Answer session with KIM Inc.'s Chief Operating Officer
- One-on-one meetings with Health Transformation Facilitators to support the development of community engagements. This includes support regarding effective note taking, data management, report writing and event planning.

In conclusion, the Governance and Strategic Engagement team at Keewatinohk Inniniw Minoayawin Inc. has been instrumental in fostering collaboration between the Keewatinohk Inniniw Okimowin Council, the KIM Inc. Board of Directors, and regional caucuses. Having actively facilitated health transformation initiatives, including the recent Agreement in Principle workshop, the Keewatinohk Inniniw Okimowin Council has made significant strides in appointing Board members, addressing nursing shortages, advancing the Agreement in Principle process, and reinforcing KIM Inc.'s role as a First Nations-led health organization. Despite challenges, achievements in governance policies, program presentations, and staff development demonstrate KIM Inc.'s commitment to improving health outcomes for First Nations in northern Manitoba.



Operations

Keewatinohk Inniniw Minoayawin Inc. is proud to share that 99% of our staff are Indigenous. Their unique contributions have been instrumental in our success. Join us in recognizing our dedicated team for their impactful work in 2022-2023.

Chief Executive Officer	Dr. Barry Lavallee
Chief Operations Officer	Moriah Davis
Director of Governance and Strategic Engagement	Diane Kelly
Governance Policy Analyst	Mary Werba
Director of Operations	Marcie Friesen
Human Resources Manager	Trenton Schreyer
Senior Executive Assistant	Charlene Brass
Communications Coordinator	Michael Dubé
Senior Nurse Advisor	Caroline Chartrand
Director of Jordan's Principle	Kathleen North
Harm Reduction Coordinator	Glenn Johnson
Primary Care Advisor - FNARR, Sākihiwēwin	Dr. Yvette Emerson
Primary Care Advisor	Dr. Sheila Peters
Jordan's Principle Clinical Liaison	Randi Paupanekis
Administrative Assistant	Tamara Genaille
Administrative Assistant	Jennifer Kakegamic
Administrative Assistant	Monica Kithithee
Mentorship Coordinator	Brian Flamand
Harm Reduction Clinician	Ken MacKenzie
Sākihiwēwin Manager	Bernice Thorassie
Sākihiwēwin Lead Client Advocate	Nancy Vystrcil
Primary Care Advisor - Jordan's Principle	Dr. Lisa Monkman

Communications

KIM Inc.'s communications faced a six-month staffing gap, leading to inconsistent messaging. Despite this, the team excelled in revitalizing our social media presence on Facebook and LinkedIn, resulting in improved engagement. We updated our Visual Identity Guide, ensuring alignment with our evolving brand, and a website redesign is underway for enhanced stakeholder interaction. Additionally, our team provided design support for various materials, reinforcing our message visually. Despite transitional challenges, we successfully elevated our communications initiatives, fostering meaningful stakeholder engagement. Moving forward, we are committed to building upon these achievements for continued impactful communication.

Information Technology

KIM Inc. relies on Harack Consulting for end-to-end information technology solutions, covering computer systems, troubleshooting, and mobile devices. As our organization grows, Harack Consulting has consistently grown with us, ensuring they can continue to serve us effectively. This strategic partnership has streamlined our operations, ensuring optimal productivity and technological efficiency. We appreciate their commitment to evolving alongside us and look forward to their continued support as we expand.

Finance

The finance department at KIM Inc. underwent some staffing changes throughout the year. In June 2022 KIM Inc. engaged a temporary staffing agency to temporarily fill the role of CFO which had been vacant for a very short period. In March of 2023 this placement ended, and KIM Inc. explored options for possible restructuring of this role in advance of recruitment in the next fiscal year. KIM Inc. continued to work with the firm Baker Tilley to produce financial statements for this year's Annual Report.

In closing, this report stands as a testament to our collective dedication and unwavering commitment to the health and well-being of the northern First Nations in Manitoba. The progress made in each service area, the insights garnered from community engagement, and the partnerships forged lead to transformational change for northern First Nations. Our work continues to be driven by their voices, needs and aspirations.

Statement of Financial Position

FINANCIAL ASSETS

Cash	\$ 3,793,518
Short-term investments	13,770,000
Accounts receivable (Note 3)	<u>780,698</u>
Total financial assets	18,344,216

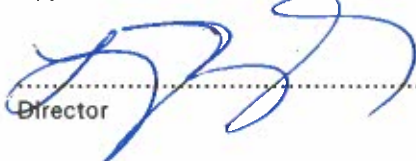
LIABILITIES

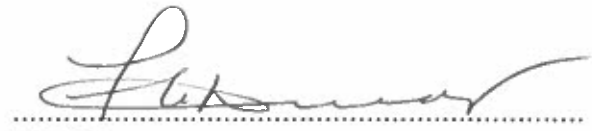
Accounts payable and accrued liabilities (Note 6)	985,432
Deferred revenue (Note 7)	<u>17,231,815</u>
Total liabilities	18,217,247
Net assets	<u>126,969</u>

NON-FINANCIAL ASSETS

Tangible capital assets (Note 4)	61,375
Prepaid expenses	<u>8,290</u>
Total non-financial assets	<u>69,665</u>
Accumulated surplus	\$ <u>196,634</u>

Approved on behalf of the Board


.....
Director
Loretta Bayer


.....
Director
Florence Duncan

Partnerships

We proudly highlight the partnerships that have collaborated with us throughout the year. We extend thanks to our partners for their integral role in our shared vision for equitable healthcare.

First Nations Partnerships

- Cree Nation Tribal Health
- First Nations Health and Social Secretariat of Manitoba
- Keewatin Tribal Council
- Ma Mawi Wi Chi Itata Centre
- Manitoba Keewatinowi Okimakanak Inc.
- Manitoba First Nations Personal Care Home Network
- N'Dinawemak Shelter, Assembly of Manitoba Chiefs
- Opaskwayak Health Authority
- Quest Health Clinic
- Southeast Resource Development Council
- Waapihk Research
- Wiji'idewag

Other Partnerships

- Canadian Mental Health Association – Thompson Office
- ChangeMark Research and Evaluation
- Churchill Health Centre, Winnipeg Regional Health Authority
- City of Thompson, Mayor's Office
- City of Winnipeg, Safety and Wellbeing Office
- Dr. Cheryl Ward, Consultant, Anti-Indigenous Racism
- Dr. Laurie Harding, Consultant, Anti-Indigenous Racism
- Kidney Screening Program, Seven Oaks General Hospital, Chronic Disease Innovation Centre
- Main Street Project
- Manitoba Harm Reduction Network
- National Indigenous Health Conference 2024
- Province of Manitoba
 - a. Department of Mental Health and Community Wellness
 - b. Winnipeg Regional Health Authority
 - b. Northern Regional Health Authority
 - c. Shared Health
 - d. CancerCare Manitoba
- Red River College, Indigenous Innovations and Workforce Development
- Thompson General Hospital, Northern Health Region
- University of Manitoba
 - a. Max Rady College of Medicine
 - b. College of Rehabilitation Sciences
 - c. Department of Pediatrics and Child Health
 - d. Department of Clinical Health Psychology
 - e. Ongomiizwin Health Services

Acknowledgements

Chief Task Force on Health

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

Keewatinohk Inniniw Okimowin Council

The Keewatinohk Inniniw Okimowin Council, appointed by the six regional caucuses was established in December 2021. The Keewatinohk Inniniw Okimowin Council 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, 2023:

Norway House Cree Nation:

- Chief Larson Anderson
- Councillor Deon Clarke
- Councillor Anthony Apetagon

Nisichawayasihk Cree Nation:

- Vice Chief Cheryl Moore
- Councillor Kim Linklater

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
- Councillor Reuben Grey
- Councillor Maxwell Kematch

Keewatin Tribal Council:

- Chief Richard Hart
- Chief Morris Beardy
- Councillor Leroy Spence

KIM Inc. Board of Directors

- Frank Turner, Chair
- Loretta Bayer, Vice-Chair
- Florance Duncan, Treasurer
- Mirenda Sutherland
- Diane Flett
- Grace Kyoon-Achan
- Raymond Robinson
- Sarah Samuel
- Glenda Sandy
- Myra Tait
- Garry Munro
- Cathy Merrick

Health Transformation Facilitators

KIM Inc.'s six caucuses and their health transformation facilitators and their respective 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
- Supervised by Florence Duncan

Nisichawayasihk Cree Nation:

- Natalie Spence
- Supervised Grace Kayoon-Achan

O-Pipon-Na-Piwin Cree Nation:

- Wanda Moose
- Supervised by Deliah Linklater

Pimicikamak Cree Nation:

- Sandy Robinson
- Supervised by Helga Hamilton

Swampy Cree Tribal Council:

- Frank Turner, Fred Martin, Grace Pelly
- Supervised by Frank Turner

Keewatin Tribal Council:

- Shayna Ouskan, Roberta Wavey
- Supervised by Chris Bignell

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 Inc.



Garry Munro
May 15, 1957 - May 10, 2022

This annual report is dedicated to Garry Munro, who dedicated his career to the health and wellness of First Nations people in the north.

Garry worked with Swampy Cree Tribal Council in the early nineties before beginning his long career as Executive Director with Cree Nation Tribal Health in 1992. His accomplishments throughout those years are countless and his care for other endless.

In his role as a health leader, he was there for the formation of what would later become Keewatinohk Inniniw Minoayawin, Inc. and met with other health leaders in many discussions about what it should be. He never wavered in his commitment to the possibility of change and was vocal that we should always seek the power to change the policies that did not serve First Nations people's best interests. He made history as one of the first KIM Inc. board members before he passed. When visited at St. Anthony's by one of KIM Inc.'s leads, he asked for a pen and paper so he could quickly help with budget planning. To the end, he was engaged and cared about people.

KIM Inc. will strive to honour his legacy of caring commitment.



Anthony “Tony” Cutlip

June 12, 1981- June 27, 2022

KIM Inc. Would like to pay tribute to the late Anthony “Tony” Cutlip, an individual whose life journey was marked with resilience and compassion.

Tony was a member of Sayisi Dene Denesuline Nation, He joined the KIM Inc. team in March 2022 as a Curriculum and Harm Reduction Advisor and was with us until his passing on June 27, 2022.

Tony’s short time with KIM Inc. made a long-lasting impact, not only on those he worked with but on all those he helped. His genuine kindness, combined with his lived experiences showed a level of knowledge and understanding that very few have. His work was remarkable. His character was immense.

Although he may no longer walk beside us, his true spirit lives on in the lives he touched.

Tony, you are truly missed.



Keewatinohk Inniniw Minoayawin Inc.

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