



Keewatinohk Inniniw
Minoayawin Inc.

2023 - 2024
ANNUAL REPORT

About the Cover Artwork

We are honoured to feature the intricate beaded medallion crafted by artist Kristi Fiddler, Noway House Cree Nation, on the cover of this report.

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Keewatinohk Inniniw Okimowin Council

A message from Chief David Monias

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

I am honoured to share an overview of the work accomplished by the KIOC over the 2023-2024 fiscal year as we continue to build a foundation for improved health outcomes for First Nations in northern Manitoba through KIM Inc. This past year has been pivotal in advancing Health Transformation and Health Transfer, driven by the needs and priorities of northern First Nations. As KIM Inc. leads these initiatives, the KIOC remains deeply engaged, providing strategic direction, oversight, and advocacy.

The KIOC, made up of 23 appointed members representing their respective Regional Caucuses, has continued its work to ensure that Health Transformation reflects the values, traditions, and specific health needs of First Nations across northern Manitoba. This year, I have been privileged to serve as Chairperson of the KIOC, working alongside committed members as we navigate the complexities of system reform.

Throughout this fiscal year, our leadership demonstrated resolve in addressing urgent challenges, particularly the critical shortage of health-care professionals across the region. Building on last year's State of Emergency declaration due to the nursing crisis, the KIOC continued to engage in comprehensive discussions and decision-making, driving KIM Inc.'s efforts to facilitate respectful engagements and negotiations on behalf of northern First Nations.

This year, we focused on supporting the negotiation of the Health Transformation Agreement-in-Principle (AIP). The KIOC worked to ensure that the draft AIP and its ratification process reflects the needs of all 23 northern First Nations, while setting a clear path toward health sovereignty.



I want to extend my deepest gratitude to Dr. Barry Lavallee, KIM Inc.'s CEO, for his relentless commitment to transforming northern health care. His leadership, innovative approach, and advocacy have been crucial to KIM Inc.'s progress over the past year. I also commend KIM Inc. staff's hard work and dedication, whose efforts continue to build trust and strengthen health services across the region.

I want to thank the Board of Directors, including appointed members in April and November 2023, for demonstrating exceptional dedication, working with KIM Inc. to address barriers to equitable health care and promoting a vision of health services free from racism.

To the northern First Nations people, we hear your calls for change and remain committed to advocating for a health-care system that respects your dignity and meets your needs. We will continue to work collaboratively toward a future where northern First Nations lead the way in their health and wellness journeys.

I look forward to another year of progress, partnership, and advocacy alongside my colleagues, the KIM Inc. team, and the resilient First Nations of northern Manitoba.

Respectfully,
Chief David Monias

KIM Inc. Board of Directors

A message from Frank Turner, Chair

Serving as Chair of the Board over the past year, I've witnessed the determination of northern Manitoba First Nations to create a health system that is truly by and for our people. The journey of Health Transformation is not without its challenges, but our shared strength is pushing boundaries that have stood for far too long.

Throughout 2023-2024, KIM Inc. has moved forward with purpose. We've made strides in challenging the systemic barriers that have historically limited our access to equitable health care. The ongoing development of KIM Inc. as a First Nations-led health entity has brought us closer to realizing health sovereignty, as we work to establish racist-free, community-driven care designed by the people it serves.

This year reflects not only our achievements but also our commitment to meaningful change. We remain steadfast in our goal: ensuring that health care for northern First Nations is defined by the nations and meets their needs. Together, we are laying the foundation for a future where our children and grandchildren will have a health system that empowers and supports their well-being.



I extend my deep gratitude to the Board, the leadership, the dedicated KIM Inc. staff, and the community members whose tireless efforts have made this year's progress and brought us closer to making Health Transformation a reality. The path is not easy, but it is one we walk together—with hope, strength, unity, and a commitment to meaningful change.

With gratitude and respect,
Frank Turner



Message from Dr. Barry Lavallee Chief Executive Officer

Navigating the Road to Health Transformation

The path toward health transformation for First Nations remains both challenging and deeply rewarding. Keewatinohk Inniniw Minoayawin Inc. (KIM Inc.) continues to advocate for the recognition of First Nations health sovereignty and the elimination of First Nations-specific racism in the health-care system. Each year brings new obstacles, but it also brings new opportunities to create change, reinforce partnerships, and advance a vision of a health-care system that is equitable, safe, and reflective of our people's needs.

The work of health transformation is like navigating an unpaved road—each milestone achieved is a testament to the strength, and wisdom of our communities. The past year has seen significant developments in our advocacy efforts, policy engagements, and community-driven initiatives. We continue to amplify the voices of First Nations leadership and community members who demand racism-free and accessible health care.

Strengthening Relationships and Advocacy

A central theme of our work has been the continued formation and strengthening of relationships. In 2023-2024, KIM Inc. has actively engaged with First Nations leadership, community members, and external partners to push for tangible change in health-care policies and service delivery.

We have taken our advocacy to key policy tables and governmental discussions, ensuring that the lived realities of First Nations people are not ignored, and the past year included multiple engagements with leadership to discuss systemic barriers, including funding inequities, and the need for First Nations-led solutions. These conversations remain at the heart of KIM Inc.'s mission—to influence policy changes and disrupt colonial structures that continue to harm First Nations people.



Innovation in Health Services and Harm Reduction

KIM Inc. is strengthening First Nations health services by training local professionals through the Diagnostic Support Worker (DSW) Program in partnership with RRC Polytech. This applied certificate course equips students with ECG, phlebotomy, and radiographic skills, allowing them to deliver diagnostic services in their own communities. With no high school diploma required, the program removes barriers to health-care careers and reduces reliance on outside providers.

Harm reduction has remained a critical component of our health transformation efforts. We recognize that the impacts of colonization, intergenerational trauma, and systemic discrimination have contributed

Dr. Barry Lavallee

to health crises within First Nations, including substance use and mental health challenges. KIM Inc. has continued to advocate for and implement harm reduction strategies that are rooted in First Nation ways of knowing, ensuring that community members receive the support and care they deserve without stigma or judgment.

“The foundation of any true health transformation must be the autonomy of First Nations to govern and shape their own health-care systems.”

The Ongoing Fight Against Racism in Health Care

First Nations-specific racism remains a structural barrier in the health-care system, directly leading to preventable deaths and poor health outcomes for First Nations people. The elimination of this racism is not just an ethical imperative—it is a necessary step toward achieving true health transformation.

Over the past year, we worked to advance a framework that addresses First Nations-specific racism that challenges the status quo and pushes for systemic change. This framework has been integral in our discussions with provincial and federal health authorities as we continue to hold these institutions accountable for the harm they have caused and advocate for policies that uphold the dignity and rights of First Nations people.

Looking Forward: The Road Ahead

As we move forward, the focus remains on implementing the Health Transformation Agreement and asserting First Nations health sovereignty. The foundation of any true health transformation must be the autonomy of First Nations to govern and shape their own health-care systems. Without sovereignty, there can be no meaningful change.

Our work is far from over. We will continue to push for increased funding, the expansion of First Nations-led health initiatives, and the dismantling of systemic barriers that have long kept First Nations people at the margins of the health-care system. The road may be rough, but with the strength and guidance of our ancestors, our leadership, and our communities, we will continue to move forward.

To all those who have contributed to this journey—our First Nation leaders, frontline health-care workers, Elders, and Knowledge Keepers—thank you. Your dedication and strength inspire us every day.

We do this work for today and the generations to come.

Ekosani, Masi Cho, Thank you.

Dr. Barry Lavallee
Chief Executive Officer
Keewatinohk Inniniw Minoayawin Inc.



Message from Moriah Davis Chief Strategic Officer

Governance and affirming the Health Transformation mandate on your terms

On July 19, 2023, the Keewatinohk Inniniw Okimowin Council of northern First Nations elected leaders passed a resolution approving the content for what is known as the bilateral Health Transformation Agreement in Principle – the first of a set of agreements that would eventually transfer responsibility for health programs and services from the Government of Canada (via FNIHB MB Region) to KIM Inc. as the northern First Nations-governed organization tasked with this work with and on behalf of 23 First Nations.

I recall that the mood in the room was hopeful and somewhat celebratory – KIOC voted to move forward with a mandate respecting this important step on an already long road started in 2018 by the MKO Chiefs Task Force on Health.

The leaders placed their trust in KIM Inc. and as senior organizational leads, we have worked to take what has been shared with us by the leaders and translate it into meaningful words and actions.

The content of the Agreement in Principle was approved on their terms.

Up until that point, the Government of Canada had reassured KIM Inc. that they would go ‘light on the pen’ as this document was not to be ‘legally binding’.

In October of 2023, the Government of Canada responded and did not approve the content and made substantive changes, prompting months long negotiations on content. By year end March 2024, the content negotiations were ongoing.

What We Have Learned Through Assertion

When to not take no for an answer and when to compromise.

At the organizational level, we are tasked with the work on these and other important agreements as well as developing strategies to engage the Government of Canada and the Province of Manitoba on health and wellness matters of importance to the First Nations.

We look at how best to uphold sovereignty while also working to represent the collective interests of the 23 First Nations.



We look at how and when to push the crown governments when we can see them falling back on old, outdated policy interpretations or assumptions that do not respect sovereignty. For example, when planning health care, the province will look often at geography and their own ways of grouping populations that do not respect First Nations. At the federal level, they apply limits in multiple ways based on where members are situated, whether residing in community or outside of their home community. KIM Inc.’s mandate is to eventually support health and wellness services to the members of the 23 First Nations wherever they reside in Manitoba.

We look with an almost forensic lens at what we know is racism. We use the phrase ‘racism is a throughline in the case for health transformation’.

What we have found is that governments appear unaccustomed to First Nations organizations taking the lead. In the context of the Health Transformation Agreement in Principle, the federal government informed that it was unusual for them not to be the ‘pen holder’ on this type of agreement. KIM Inc. was the initial pen holder and so the lesson here is more on their end, but for First Nations, knowing that this notion is new makes the attempt even more significant. We can’t stop there. Agreement templates make things easier for governments because their lawyers will have already done the work, but what may be left out if relying on them?

Our attempt revealed some of what they cannot or will not do.

Compromise, yes, but do so while shifting the “power imbalance”

We have learned that while one may have to accept that the crown governments are subject to certain limits when it comes to wording that is important to the First Nations, governments will, if pushed, work hard to find wording that seeks to accommodate the original intent.

Consider the use of the phrase “power imbalance” within the Agreement in Principle under a section on racism informed by Dr. Lavallee. The phrase was initially not accepted but we pushed, and their lawyers did their due diligence, and it is now within the document, as originally written by KIM Inc.

If we do our homework, they must also do their homework. It is therefore up to us to stay on top of what is needed and for the leadership to push alongside us.

First Nations-led does not mean that they are the sole decision-makers

Any partnership with the Federal Government and eventually with the Province of Manitoba will always mean negotiations and compromise.

While KIM Inc. is in fact a First Nations led health transformation entity, the federal government will always be a partner.

For example, while KIM Inc. may not want to rehire all the existing FNIHB MB Region staff, the federal government does have an obligation to those staff. That is understandable and is to be respected. That however does not mean that KIM Inc. would inherit that obligation. We do however want to consider bringing on those who understand and embrace key principles like “care equals attention”. KIM Inc. will develop and vet a process acceptable to the First Nations leadership for onboarding staff.

Many are willing. Bureaucratic processes can be changed.

Through this process we have learned that there are those working in government (at various levels) that are keen to support the change efforts underway at KIM Inc.

These are allies, and they too must be acknowledged for their efforts.

These are the people who when pushed, will do all in their power to both understand and respect what is being sought.

These are the people who will find workarounds even if they do not have power to change policies.

These are the people who work hard to adapt bureaucratic processes.

These are the people who KIM Inc. would welcome to be a part of the organization.

Learn the language of government and ask a lot of questions

We have learned that if we don’t ask questions, governments will rest on their own processes and assumptions. It is very important to push and, in some ways, force a learning on their end.

It is taking the high road in some ways, because not all of what is shared with them is taken seriously. Some of it is, and we have seen progress.

We have learned at least some of the language of government and this helps us to understand where they are coming from.

Some of our questions sometimes may be perceived as a grilling or too harsh, but we do so because of the importance of the outcomes of this work.

Systems need organizations like KIM Inc.

They need us. Provincial, federal and other health organizations knock on our doors regularly for solutions.

This has been occurring as the Health Transformation mandate becomes more and more known and that KIM Inc. has a growing roster of health and wellness expertise.

We want to share because we know it could or should lead to change, but we are also cautious:

- They may take information and use it at their convenience and for their purposes, which may be at cross purposes with KIM’s intentions.
- They may take information out of context.
- They may misinterpret what was shared with them.
- Finally, they may take KIM Inc. for granted, exemplified best by the lack of remuneration for or acknowledgement of KIM Inc.’s ‘advisory’ support.

Formality seems a bad word at times, but the reality is that formal mechanisms like the Agreement in Principle and information sharing agreements cause parties to sit up straight and pay attention. In this context, that is what we seek.

Ekosani, Masi Cho, Thank you.

Moriah Davis
Chief Strategic Officer
Keewatinohk Inniniw Minoayawin Inc.

Health Transformation and Transfer

Health Transformation and transfer is the recognition of First Nations sovereignty culminating in the transfer of responsibility for funding, management, design, and delivery of health services to First Nations organizations like KIM Inc. with and on behalf of northern First Nations.

This means systemic change with First Nations taking ownership and control over the design and delivery of health systems.

KIM Inc. exists to identify and implement solutions for northern Manitoba First Nations. Guided by its bylaws, KIM Inc. is dedicated to:

- Aiding First Nations in achieving health sovereignty, Nation by Nation.
- Sourcing and distributing funding for both aggregate and First Nation-specific health care solutions.
- Addressing gaps in health services and wellness priorities.
- Creating racism-free, equitable, and accessible healthcare systems.

Through this work, KIM Inc. ensures that First Nations priorities shape the transformation of health systems, respecting and reflecting the unique needs of each First Nation while addressing common goals.

Health Transformation Timelines and Milestones

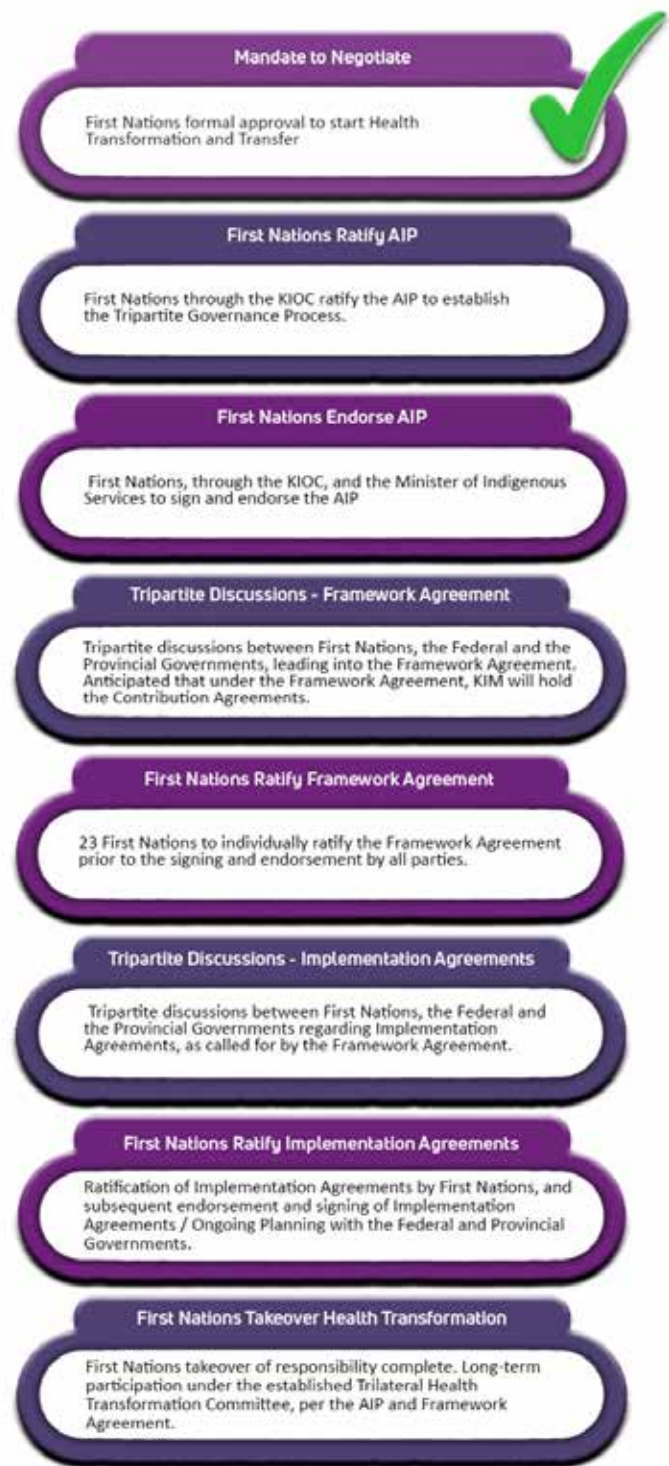
In November 2022, KIM Inc. received permission to proceed with negotiations towards a bilateral Health Transformation Agreement in Principle from the Keewatinohk Inniniw Okimowin Council of elected leaders.

Agreement in Principle (AIP)

Since the spring of 2023, KIM Inc. and Government of Canada (via Indigenous Services Canada) have been in active discussions and negotiations on the Agreement in Principle (AIP). KIM Inc. has been preparing the content for the draft Agreement in Principle based on prior and ongoing input from leadership with respect to health care needs and aspirations in the north.

With and on behalf of the 23 northern First Nations in Manitoba, the AIP is the first of several collaborative Health Transformation agreements towards the full transfer of funding and to deliver, design, and manage health services to KIM Inc. from the Government of Canada.

KIM Inc. Health Transformation and Transfer Process -Key Steps-



KIM Inc. Governance

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 processes. KIOC members must be either a Chief or Councillor of a First Nation. 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.

This fiscal year, the Keewatinohk Inniniw Okimowin Council met on the following dates:

- April 11, 2023
- May 25, 2023
- July 19, 2023
- March 19, 2024

Last fiscal year, the KIOC resolved that the process to ratify the Agreement In Principle will consist of a two step process: 1) The draft AIP will be presented to the First Nations of northern Manitoba for feedback and 2) the final AIP will be presented to the KIOC for final revision and approval.

On July 19, 2023, the KIOC resolved to approve the KIM Inc. content of the draft AIP for submission to the Government of Canada.

Between October 2023 and March 2024, KIM Inc.'s leadership and counsel engaged with Government of Canada representatives in multiple legal review meetings to address issues in the AIP rooted in First Nations sovereignty and rights. Grounded in a sovereignty-first approach, KIM Inc. prioritized a First Nations-specific lens throughout these negotiations. The KIOC met quarterly with KIM Inc. during the 2023-2024 fiscal year to stay informed on the AIP processes, facilitate discussions, and provide input and support as needed.

The Board of Directors

The Board is responsible for KIM Inc.'s overall operations, and members are selected by the KIOC. Two Directors' terms ended on March 19, 2024, and the board ended the 2023/24 year with eight members.

Meeting dates for 2023/2024:

- May 16 – 18, 2023
- June 27 – 28, 2023
- August 17, 2023
- Nov 21, 2023 - Annual General Assembly
- Dec 14, 2023
- March 5, 2024

At the Board of Directors meeting held on December 14th, 2023, the Board passed a resolution to form the Health Directors Sub-Committee of the Board

The Health Directors Sub-Committee of the Board will be able to inform the multi-year planning process, develop a framework for community health assessments and plans, and sit on advisory tables to inform the 13 sub-projects.

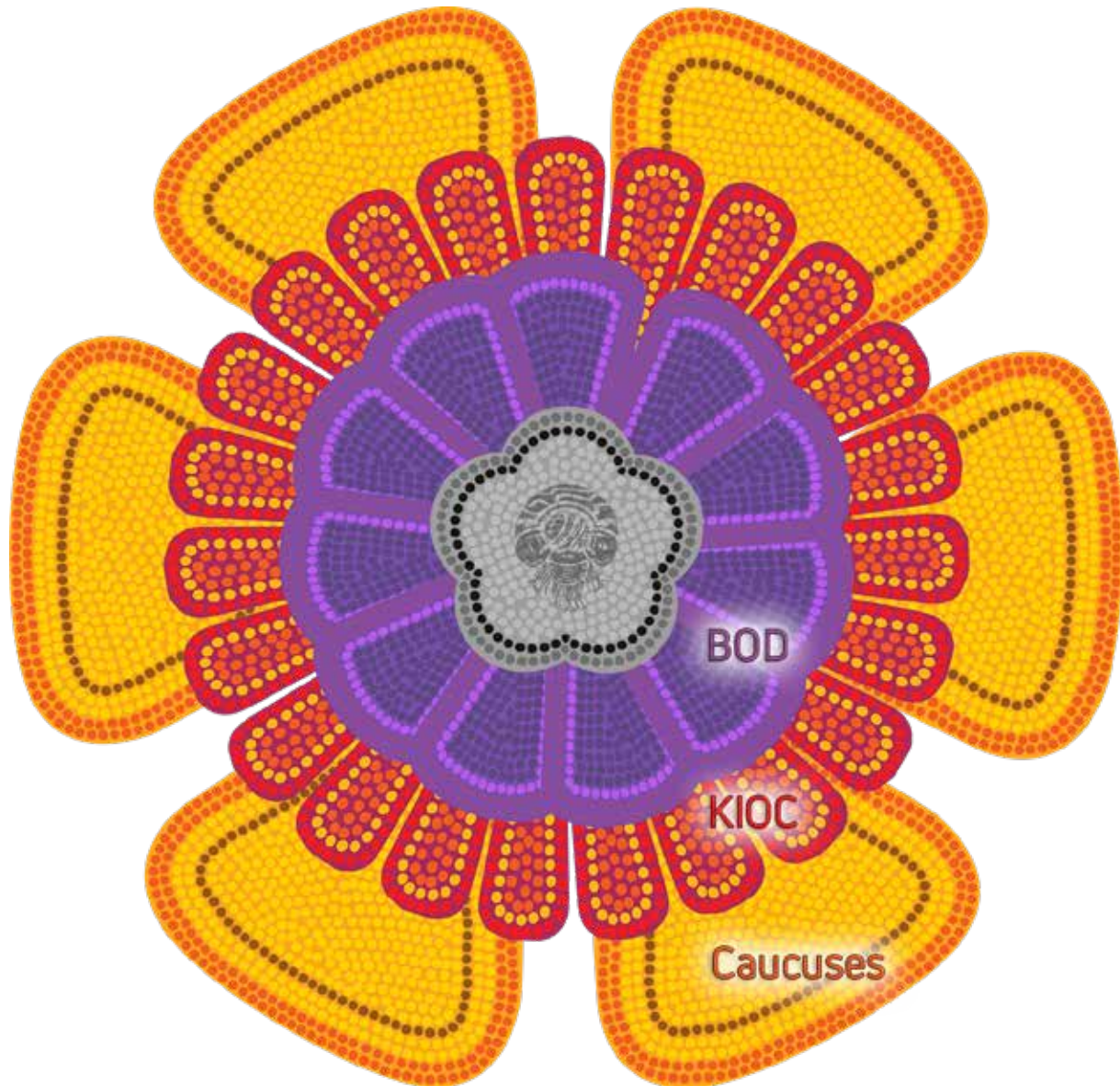
Subsequent to the Board of Directors previous 2022 strategic focus, examples of some further achievements of the Board of Directors within the 2023-2024 fiscal year include:

- Reviewing and approving the Board Governance Manual in June 2023
- Throughout November 2023, they oversaw KIM Inc.'s annual audit and assured the smooth transition from MKO to KIM Inc. until its completion and reviewed further options for new auditors moving forward. A new auditor/ audit firm was chosen in December 2023.
- Supported and approved funding to the Opaskwayak Health Authority for their Opiate Antagonist Therapy program for the 2024-2025 fiscal year, in November 2023.
- In March 2024, KIM Inc.'s previous 2022/2023 audit was completed and accepted. KIM Inc.'s three-year budget was passed by the Board of Directors, and the move to the new KIM Inc. office space at 94 Commerce Drive was ratified.

Six Regional Caucuses

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

The KIM Inc. Governance Structure



Service Updates

This year, KIM Inc. advanced health care for northern First Nations by providing racism-free care, increasing responsiveness and strengthening community partnerships. Each KIM Inc. program is dedicated to providing accessible, equitable, and holistic care to support community health and wellness.

Harm Reduction

KIM Inc.'s Harm Reduction team made significant progress in supporting First Nations facing substance use challenges.

Key initiatives included:

- Expanded Services: A new Managed Alcohol Program (MAP) in Thompson, ongoing Opioid Therapy support in Manto Sipi, and a xylazine/fentanyl testing pilot with Bunibonabee Cree Nation.
- Wellbriety Center's MAP Support: Clinical and primary care assistance in Thompson, with discussions on integrating harm reduction into land-based healing
- HIV/Syphilis Point of Care Testing (POCT) in Chemawawin Cree Nation: Scheduled for April-June 2024, with partnerships and a care model including counseling and referrals.
- STBBI High School Campaign: Presentations and resources raised awareness of sexually transmitted and blood-borne infections.



KIM Inc.'s Sākihiwēwin Client Advocacy team

Sākihiwēwin Client Advocates

The Sākihiwēwin Client Advocacy (SCA) Program supports First Nations clients with racism-free holistic care, advocating for systemic improvements in health care.

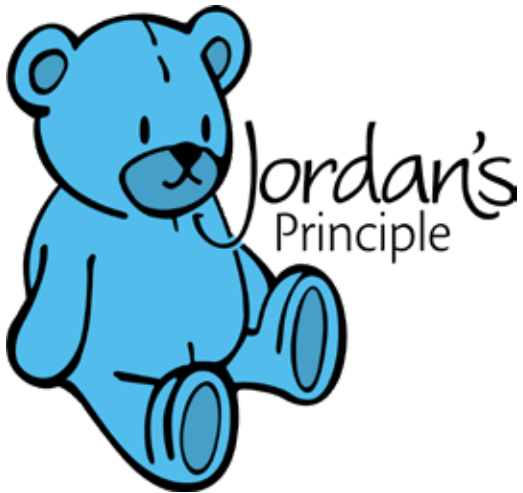
This initiative launched in May 2023 at Thompson General Hospital. The program includes full-time and part-time client advocates. Focused on the ER initially, the team now also supports the Medical-Surgical-Pediatrics ward, with extended service hours.

Achievements:

- May 2023: Launched Accuro EMR platform, partnered with NHR for quality improvement.
- June 2023: Completed anti-racism training.
- July 2023: Introduced Indigenous Birth Helpers.
- August 2023: Added Elder Susan Kobliski to the team.
- September 2023: Began work on Harms Reporting.
- February 2024: Expanded advocate team and hired a new manager.
- January 2024: Dr. Nathan Coleman joined for clinical support.

Data Insights:

- Advocated for 704 clients from 21 northern First Nations.
- Accuro Entries: Client data shows high engagement, with female clients accessing services more frequently.
- Harm Themes: Trends include alcohol withdrawal, pain management, and communication issues.



Jordan's Principle

KIM Inc.'s Jordan's Principle Initiative continues to deliver essential pediatric and clinical psychology services to children and youth across 14 First Nations in northern Manitoba. With 34 pediatrician clinics and 13 psychology clinics reaching over 815 children, the program markedly reduced the need for out-of-community medical trips, enhancing access to consistent healthcare.

Services will extend to additional First Nations, including Sayisi Dene Denesuline Nation by mid-2024. Ongoing interdisciplinary training includes anti-racism sessions for health-care providers.

In partnership with Sage Solutions, KIM Inc. continues to evaluate this initiative, ensuring the services meet evolving community needs and uphold the highest standards of care.

In 2024, an additional four First Nations began receiving pediatrician and clinical health psychology services:

- Fox Lake Cree Nation
- Manto Sipi Cree Nation
- Northlands Denesuline First Nation
- Sayisi Dene Denesuline Nation (June 2024)



Point of Care Testing

The creation of the Point of Care Testing team stemmed from needs expressed by First Nations leadership, addressing concerns around an immunization backlog and the necessity for community-based support in sexually transmitted and blood-borne infections (STBBI) management. While recruitment efforts began early, nurses were successfully on boarded by the spring of 2024. This team is now prepared to enhance health care access in First Nations communities by focusing on timely immunizations and STBBI testing, reducing gaps in care and leading to early detection and treatment.



Minoayawin Mobile Outreach Program

Foundational steps were taken to bring the Minoayawin Mobile Outreach Program (MMOP) to life. Community consultations, completed by March 2023, informed the van's service design and focus areas. Move Mobility then began work on customizing the van, incorporating input from both participants and program design. Concurrently, the team developed essential human resources, and operational frameworks to support the program's rollout. The groundwork is now set to provide vital mobile health and harm reduction services to Thompson and the surrounding communities. This initiative was made possible with a \$1.34 million investment funded by the Province of Manitoba.



Diagnostic Support Worker: Applied Certificate Program

KIM Inc. is building health-care capacity within First Nations by providing accessible training opportunities for aspiring health-care professionals. In partnership with RRC Polytech, the Diagnostic Support Worker (DSW) program is an applied certificate course designed specifically for the 23 First Nations KIM Inc. supports, equipping students with essential diagnostic skills to improve local health services.

The DSW program is a stepping stone for those pursuing a health-care career. No high school diploma is required, making it an excellent opportunity for individuals seeking a new path in health services. Graduates can work within their communities, reducing reliance on outside providers.

The program consists of four micro-credentials:

- Academic Foundations (prerequisite)
- Electrocardiography (ECG)
- Phlebotomy
- Radiographic Procedures

Training includes online learning, in-person labs, and supervised clinical placements. By offering education closer to home, the program removes barriers to employment, ensuring First Nations individuals can train and work within their communities.

2023-2024 Program Highlights

Between April 2023 and March 2024, KIM Inc. successfully trained 16 students across two intakes through a regional recruitment campaign.

- May 2023 – Regional call for applicants via Facebook
- July 2023 – Recruitment campaign launched via NCI Radio
- August 2023 – Student interviews and selections

Program Outcomes (as of March 31, 2024):

- Five students graduated
- Three graduates are members of Pimicikamak, one from Nisichawayasihk, and one from Misapawistik
- Four students completing clinical placements
- Five students are continuing their coursework

The DSW program is a key part of KIM Inc.'s commitment to workforce development and health transformation. By training First Nations people to deliver diagnostic services in their own communities, this program strengthens local health-care capacity and access to essential care.



Operations

KIM Inc. operational areas provide alignment for resources, effective communication, and coordination, ensuring all efforts align with the common goal of advancing health transformation for northern First Nations. Operations serve an important role for KIM Inc., ensuring that staff, services and initiatives have the necessary support to function efficiently and effectively. Operations enables frontline teams to focus on delivering impactful health transformation initiatives.

Operations supports KIM Inc. objectives to:

- (a) to research, plan, develop and implement a framework acceptable to First Nations on the transfer of health programs and services to First Nations control;*
- (b) to carry out the transfer of health programs and services in a manner which addresses and combats racism in all its manifestations and forms in the delivery of health care to the First Nations people of Northern Manitoba;*

Guided by the principle that **care equals attention**, KIM Inc. operations are committed to meaningful change because **change must be for the good**.

- **Communications**

KIM Inc.'s communications team has played a pivotal role in enhancing the organization's outreach and information-sharing channels. Communications support staff by producing print materials, managing social media posts, and executing radio ads, design, reporting and community building.

- **Information Technology**

KIM Inc. partners with Harack Consulting to provide comprehensive information technology solutions, encompassing everything from computer systems management to troubleshooting and mobile device support.

Human Resources

KIM Inc. is proud that the vast majority of our staff are Indigenous. Their lived experience and cultural knowledge strengthen our work, ensuring our services are meaningful, and responsive.



Staff in April 2023: 27 → Staff in March 2024: 34
A 26% increase in staff to strengthen our commitment to First Nations health.

- **Health Human Resources Action Plan**

Arcus Consulting was the selected consultant in a RFP for the development of a Health Human Resources Action Plan. The Health Human Resources (HHR) Plan will align budget and workforce needs with health transformation priorities. This plan will define HHR objectives, assess current programs, design a transitional and post-transfer structure, and develop policies to support anti-racist care. The plan will ensure minimal service disruption while improving health outcomes for northern Manitoba First Nations.

Statement of Operations

KEEWATINOHK INNINIW MINOAYAWIN INC. STATEMENT OF OPERATIONS YEAR ENDED MARCH 31, 2024

	<u>2024</u>	<u>2023</u> (Unaudited) (Restated)
REVENUE		
Indigenous Services Canada (Note 8)	\$ 14,725,679	11,961,985
Investment and interest revenue	786,663	124,402
Other revenue	<u>575,369</u>	<u>10,906</u>
	<u>16,087,711</u>	<u>12,097,293</u>
EXPENSES		
Advertising and promotion	8,560	-
Amortization of tangible capital assets	54,091	193,352
Bank charges and interest	10,824	6,023
Communications	85,796	45,181
Cultural protocols	474,450	206,864
Diagnostic equipment maintenance	-	65,432
Furniture	20,614	9,458
Health care partners	6,106,634	6,774,062
Information technology - hardware and software	107,525	6,792
Insurance	48,548	16,531
Materials and supplies	38,330	37,113
Meetings	90,605	86,515
Membership fees	6,914	11,922
Office equipment leases	65,335	6,578
Office, rental and utilities	69,974	17,287
Professional development	44,900	22,107
Professional fees	2,862,562	1,153,401
Recognition	41,138	11,847
Rent	215,887	191,575
Salaries and benefits	3,554,373	2,462,156
Sponsorships	30,000	-
Travel	<u>849,995</u>	<u>576,463</u>
	<u>14,787,055</u>	<u>11,900,659</u>
EXCESS OF REVENUE OVER EXPENSES	<u>\$ 1,300,656</u>	<u>196,634</u>

Partnerships

We extend thanks to our partners for their role in our shared vision for equitable healthcare.

(in alphabetical order)

- 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
- Community Health Representatives Association
- Cree Nation Tribal Health
- Dr. Cheryl Ward, Consultant, Anti-Indigenous Racism
- Dr. Laurie Harding, Consultant, Anti-Indigenous Racism
- Keewatin Tribal Council
- Kidney Screening Program, Seven Oaks General Hospital, Chronic Disease Innovation Centre
- Ma Mawi Wi Chi Itata Centre
- Main Street Project
- Manitoba First Nations Personal Care Home Network
- Manitoba Harm Reduction Network
- Manitoba Keewatinowi Okimakanak Inc.
- N’Dinawemak Inc - Our Relatives Place
- National Indigenous Health Conference 2024
- Opaskwayak Health Authority
- Province of Manitoba
 - a. Department of Health, Seniors and Long-Term Care
 - b. Department of Housing, Addictions and Homelessness
 - c. Winnipeg Regional Health Authority
 - d. Northern Regional Health Authority
 - e. Shared Health
 - f. CancerCare Manitoba
- Quest Health Clinic
- Red River College, Indigenous Innovations and Workforce Development
- Southeast Resource Development Council
- 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
- Waapihk Research
- Wiji’idewag

We acknowledge our federal partners, Indigenous Services Canada, specifically the First Nations and Inuit Health Branch (FNIHB), for their continued support and collaboration.

Acknowledgements

Keewatinohk Inniniw Okimowin Council

The Keewatinohk Inniniw Okimowin Council (KIOC) is appointed by the six regional caucuses. The KIOC has played a key role in the ongoing transformation and transfer process KIM Inc. has been working towards with our federal partners this year. The Manitoba Keewatinowi Okimakanak (MKO) Grand Chief Garrison Settee is an ex-officio, non-voting member of the KIOC. The council is comprised of the following members as of March 31, 2024:

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
- Chief Michael Yellowback
- Chief Jason Bussidor
- Chief Darryl Wastesicoot
- Councillor Agnes Denechezhe

KIM Inc. Board of Directors (as of March 31, 2024)

- Frank Turner, Chair
- Loretta Bayer, Vice-Chair
- Florence Duncan, Treasurer
- Mirinda Sutherland, Secretary
- Diane Flett
- Grace Kyoon-Achan
- Raymond Robinson
- Sarah Samuel
- Glenda Sandy
- Myra Tait



Manitoba Keewatinowi
Okimakanak Inc.

KIM Inc. would like to acknowledge Manitoba Keewatinowi Okimakanak (MKO) and Grand Chief Garrison Settee for their ongoing collaborative efforts and advocacy work.

Health Transformation Facilitators

KIM Inc.'s six caucuses and their Health Transformation Facilitators and their respective supervisors have been an ongoing part of our community consultation process this year. We would like to acknowledge the following for their dedication to improving health outcomes for First Nation people (as of March 31, 2024):

Norway House Cree Nation:

- Eileen Apetagon

Nisichawayasihk Cree Nation:

- Natalie Spence
- Grace Kayoon-Achan

O-Pipon-Na-Piwin Cree Nation:

- Wanda Moose
- Deliah Linklater

Pimicikamak Cree Nation:

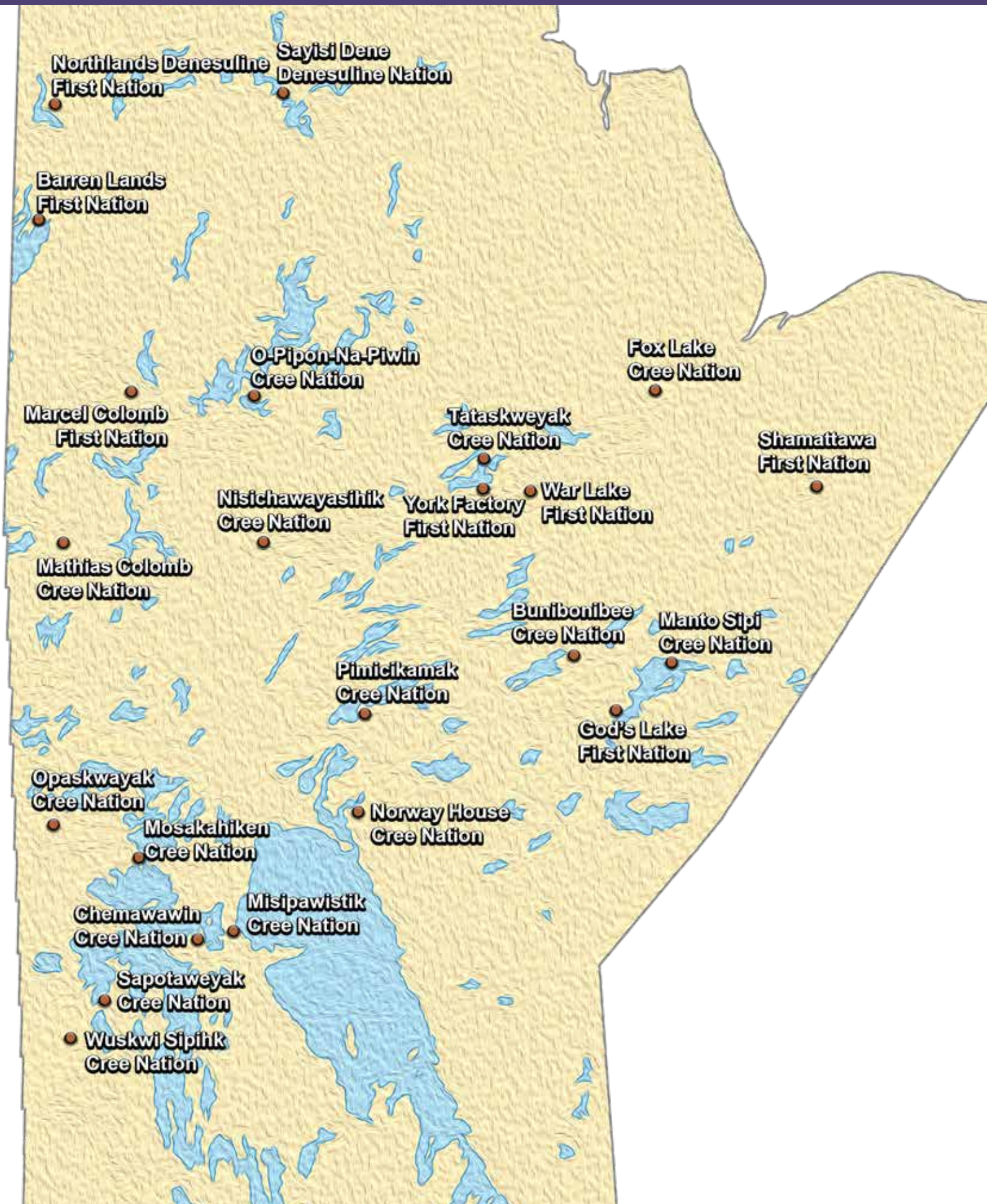
- Sandy Robinson
- Helga Hamilton

Swampy Cree Tribal Council:

- Fred Martin, Grace Pelly
- Frank Turner

Keewatin Tribal Council:

- Shayna Ouskan
- Chris Bignell





Keewatinohk Inniniw Minoayawin Inc.

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