

Annual Report

2025-2026

Keewatinohk Inniniw Minoayawin Inc.

Yathe Hotsį Dene ʔ Edenąkaneʟnį

Northern Peoples' Wellness

kimhealth.ca



Eagles soar through the sky - God's Lake First Nation

Annual Report 2025 - 2026

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Message from Keewatinohk Inniniw Okimowin Council

Chief David Monias
Chairperson - KIOC

As Chair of the Keewatinohk Inniniw Okimowin Council (KIOC), I am honoured to share this message with our First Nations citizens, leadership, partners, and supporters.

Health is one of the most important responsibilities entrusted to us as First Nations leaders. Our people deserve access to safe, high-quality, culturally appropriate health services no matter where they live. We know that good health is the foundation for strong families, thriving communities, and prosperous Nations.

For generations, our people have faced significant challenges within the health care system. Too many have experienced barriers to care, inequities, racism, and discrimination. These experiences have affected the health and well-being of our citizens and have contributed to a lack of trust in systems that were meant to serve everyone equally. We must continue to confront these realities with honesty and determination.

We firmly believe that health is a Treaty Right. The commitments made to our ancestors included the promise that our people would be cared for in times of need. Today, that responsibility remains. It is our duty to ensure that those commitments are honoured and that our citizens receive the quality of care they deserve.

Through KIOC and KIM, we continue to advance a vision of health transformation that is led by First Nations, grounded in our values, and responsive to the needs of our communities. Our goal is not simply to improve the existing system but to transform it into one that respects our rights, reflects our cultures, and delivers equitable outcomes for our people.

While much work remains ahead, I am encouraged by the progress we have made together. Across our 23 Nations, we are strengthening partnerships, building capacity, and creating new opportunities for our people to access care closer to home. We are seeing the power of First Nations leadership, community voices, and collective action driving positive change.

I want to thank our Chiefs and Councils, Elders, health professionals, staff, partners, and community members who continue to contribute to this important work. Most importantly, I thank our citizens for their resilience, strength, and belief in a better future.

Together, we will continue moving forward. Together, we will build a health system free from racism and discrimination. Together, we will uphold our Treaty Rights and create a future where every First Nations person can achieve the highest possible standard of health and wellness.

Tribute to Dr. Barry Lavallee

Dr. Barry Lavallee was a visionary leader, respected physician, and tireless advocate for Indigenous health. As Chief Executive Officer of KIM, he dedicated his life to improving health outcomes for First Nations and Métis peoples and championed the transformation of health systems that too often failed Indigenous communities.

His leadership helped advance the vision of First Nations-led health care in northern Manitoba and inspired many to pursue meaningful change. Colleagues and leaders across the province remember him as a fearless advocate who spoke truth to power and never wavered in his commitment to justice, equity, and wellness for Indigenous peoples. His legacy will continue through the health transformation journey he helped build and the countless lives he touched through his compassion, courage, and leadership.

Ekosi.

Chief David Monias
Chief of the Nation, Pimicikamak Cree Nation
Chair, Keewatinohk Inniniw Okimowin Council



Message from Board of Directors

Frank Turner
Chairperson - Board of Directors

On behalf of the Board of Directors, it is my privilege to share Keewatinohk Inniniw Minoayawin Inc.'s annual report. This report highlights the many milestones and accomplishments of the past fiscal year as we continue to improve health services and outcomes for the 23 First Nations we serve.

This past year was marked by the profound loss of Dr. Barry Lavallee, KIM's first Chief Executive Officer. Barry was a trusted friend, mentor, physician, and advocate for First Nations health. His lifelong commitment to advancing health equity, fighting racism, and improving First Nations well-being helped shape the organization we know today. His legacy continues to guide our work and inspire our vision for the future.

This year also underscored the importance of coordinated emergency response. During the 2025 wildfire season, KIM worked alongside First Nations, Tribal Councils, health system partners, and government agencies to support evacuated community members from northern Manitoba. Through advocacy, coordination, and direct support, KIM helped ensure evacuees had access to the health and wellness services they needed during a challenging time.

As a Board, we continue to fulfill our governance responsibilities, including reviewing and approving the annual audit to ensure accountability and transparency. Despite ongoing challenges and a changing health-care landscape, KIM has remained responsive, innovative, and focused on meeting the Nations' needs.

I extend my sincere gratitude to First Nations leadership, community members, KIM staff, and our many partners for their continued trust and support. Together, we honour those who came before us and continue building a healthier future for First Nations.

Ekosani,

Frank Turner
Misipawistik Cree Nation
Chair, Board of Directors



Message from the Chief Executive Officer

Michelle Monkman
Chief Executive Officer - KIM

The 2025–26 year is one of growth, transition, resilience and important progress for Keewatinohk Inniniw Minoayawin.

KIM continues to move from building the foundations for health transformation toward putting more of that work into action. Our direction remains the one set by the 23 First Nations we work with and are accountable to: a health system where First Nations have greater authority, greater control, and a stronger voice in the decisions that affect the health and wellness of their people.

This year is also marked by profound loss with the passing of Dr. Barry Lavallee, KIM's former Chief Executive Officer and a visionary leader in First Nations health. Dr. Lavallee challenged health systems to do better and was unwavering in his belief that First Nations must have the authority to shape and govern their own health care.

His legacy continues to influence our work — in the questions we ask, the systems we challenge and our commitment to health care that is free from racism, culturally safe, equitable and accountable to First Nations. As KIM moves through this leadership transition, our responsibility remains clear: honour the foundation that has been built while continuing to move the work forward.

Health transformation is about more than transferring programs from one organization to another. It is about changing how health care is designed, governed and delivered. It means building services around the realities and priorities of First Nations while respecting sovereignty, self-determination and the right of Nations to shape the care their people receive.



We are no longer only talking about whether First Nations should have greater control over health care. We are building the partnerships, models of care, workforce and systems that help make that possible.

We are beginning to see what that transformation can look like in practice.

One example is our work with provincial partners to change how emergency wait times are measured for people in northern First Nations. Historically, the emergency department wait-time clock begins only when a patient arrives at an emergency department in Thompson or Winnipeg. For someone waiting at a nursing station for a medevac, those hours are not counted.

Throughout 2025, KIM worked closely with Virtual Emergency Care and Transfer Resource Service (VECTRS), Shared Health and other provincial partners to change this. Changes to the Emergency Department Information System will allow a patient's wait to begin when VECTRS is contacted to arrange a medical evacuation, rather than only when the patient reaches an emergency department. This work is expected to be fully implemented in 2026.

It may sound like a technical change, but it matters. If the time a First Nations patient spends waiting in a nursing station is not measured, we do not have a complete picture of their health care journey. Making that wait visible creates a better foundation for accountability and improvement.

The KIM / Shock Trauma Air Rescue Service (STARS) Virtual Support Service pilot project is another example of change in practice. Critical care physicians now provide virtual support to two nursing stations, giving nurses in Nations more immediate access to advanced clinical expertise when caring for acutely ill patients. This strengthens clinical decision-making and brings specialized expertise closer to home.

Together, these initiatives show that transformation can take many forms: a new model of care, better support for frontline providers, or a change to a provincial system so the realities of northern care are finally seen and counted.



Mantou Sakahigan First Nation Health Centre in God's Lake Narrows.

The 2025 wildfire season brought a different kind of challenge and tested how quickly health systems could adapt when people were displaced from their Nations.

KIM worked alongside Nations, regulators, provincial partners and health-system partners to respond not only to immediate health needs, but also to policy and jurisdictional barriers that stood in the way of care.

This included helping to clarify nursing jurisdiction so Manitoba nurses could continue caring for Manitoba First Nations evacuees in both Manitoba and Ontario without additional licensure or liability requirements. We also supported changes that expanded pharmacists' ability to provide emergency prescription refills through the Drug Programs Information Network, helping reduce disruptions in access to medications during the evacuation.



Manto Sipi Cree Nation

Another important change involved the legal framework needed to operate a Managed Alcohol Program. Clarification under The Liquor, Gaming and Cannabis Control Act allowed alcohol to be provided for medical purposes, making it possible to offer a structured, harm reduction-based model of care for people at risk of alcohol withdrawal.

The Managed Alcohol Program was one part of a much broader wildfire health response. It centred safety, dignity, continuity and relationship, and demonstrated what can happen when systems adapt to the realities of the people they are meant to serve.

The wildfire response reinforces an important lesson for us: transformation is not always a long-term exercise. Sometimes it means identifying a barrier in the middle of a crisis, bringing the right partners together and changing the system quickly enough to make care possible.

This reflects one of the principles that guides our work: care equals attention. It means paying attention to what people are experiencing, recognizing when systems are creating barriers, and responding in a way that meets the realities in front of us.

Other areas of transformation remain in the earlier stages of planning and model development. In public health, KIM is reviewing existing policies, identifying gaps and developing a First Nations-led model that better reflects the realities of northern Nations. This work includes discussions with Canada, Manitoba and other health-system partners about how future responsibilities, services and supports could be structured.

Medical transportation is at a similar stage. KIM is reviewing policies and service arrangements, examining long-standing challenges within the current system and working with health-system partners to better understand what a future First Nations-led model could look like.

This foundational work matters. Before moving into broader engagement and implementation, we need to understand the systems we may assume greater responsibility for, the barriers within them, and where transformation can create the greatest benefit for First Nations.

As this work advances, engagement with Nations is essential. Health transformation cannot be designed from an office and brought to Nations after the fact. The next stages must be shaped by

the leadership, priorities, and experiences of the 23 First Nations we serve, with clear accountability back to Nations throughout the process.

Our approach remains deliberate. We do not want to take over systems that have not worked well for First Nations and simply recreate them under a different name. Health transformation gives us an opportunity to rethink how care is delivered, where it is delivered, how health professionals are supported, how technology and data are used, and how First Nations knowledge, values and priorities are reflected throughout the system.

I am grateful to the Keewatinohk Inniniw Okimowin Council, our Board of Directors, our regional caucuses, the leadership of the 23 First Nations, our staff and the many partners who continue to contribute to this work.

I am especially grateful to the people working in First Nations every day: Health Directors, nurses, health-care providers, health workers, peers, navigators, and many others. They continue to provide care, solve problems and advocate for their people within systems that have too often failed to reflect the realities of the north. Their experience must remain at the centre of what we build next.

There is still a great deal of work ahead. Health transformation on this scale takes time, and there will be difficult conversations and complicated negotiations along the way. We will need to balance the urgency for change with the responsibility to get it right.

But we should also recognize how far this work has come.

We are no longer only talking about whether First Nations should have greater control over health care. We are building the partnerships, models of care, workforce and systems that help make that possible.

As we move forward, we will continue to listen, build and learn. We will continue to push for a health system that reflects the priorities, knowledge and leadership of First Nations.

The future of health starts in the north.

And together, we are building it.

Ekosani, Masi Cho

Michelle Monkman
Chief Executive Officer,
Keewatinohk Inniniw Minoayawin Inc.

Remembering Dr. Barry Lavallee

In January 2026, Keewatinohk Inniniw Minoayawin experienced immeasurable loss with the passing of our Chief Executive Officer, Dr. Lavallee.

Dr. Lavallee was more than a physician and leader; he was a visionary who challenged systems, championed First Nations sovereignty in health care, and inspired countless people with his compassion, courage, and commitment to justice. His work transformed how Indigenous health is understood and delivered, leaving a lasting impact not only across Manitoba but throughout Canada.

Dr. Lavallee believed that health care should always serve the people. He devoted his career to advancing First Nations-led health systems, confronting racism in health care, mentoring future Indigenous leaders, and ensuring that communities had a voice in decisions affecting their well-being. Whether responding to the COVID-19 pandemic, advocating for systemic change, or walking alongside First Nations on their health sovereignty journeys, he led with humility, integrity, and purpose.

As the first CEO of KIM, Dr. Lavallee established an organization grounded in First Nations values, innovation, and self-determination. His vision continues to shape every program, partnership, and service we offer. The principles he championed, including compassion, accountability, respect, and the restoration of Indigenous authority in health care, remain at the heart of our work.

While we deeply mourn his passing, we are equally committed to advancing his vision. Every milestone achieved by KIM is built on the foundation he laid, and every step toward healthier First Nations honours the legacy he leaves behind.

Dr. Lavallee's influence endures through the people he mentored, the communities he served, and the organization he helped build. We remain grateful for his leadership and are committed to ensuring that his life's work continues to benefit future generations.











Support the Dr. Barry Lavallee Legacy Fund

The **Dr. Barry Lavallee Legacy Fund** is being established through The Winnipeg Foundation to honour Barry's life and values. The fund supports education initiatives connected to Indigenous health, leadership, and causes that mattered deeply to him.

To contribute, scan the QR code



Health Transformation

Health Transformation is the long-term process of advancing First Nations health sovereignty by transitioning health services from federal and provincial governments to a First Nations-led system. Guided by the 23 Sovereign First Nations KIM is accountable to, this work is grounded in self-determination, equity, cultural safety, and the recognition of First Nations rights.

Through collaboration with Indigenous Services Canada, the Province of Manitoba, and First Nations leadership, KIM is building the partnerships, governance, planning, and infrastructure needed to create a sustainable, culturally relevant health system designed by and for northern First Nations.



Key Accomplishments

Completed nine Indigenous Services Canada information-sharing sessions to support analysis of current federal health programs.

Advanced pre-transfer planning through bilateral and trilateral partnerships focused on primary and clinical care, public health, harm reduction, mental wellness, and culturally safe health care delivery.

Confirmed the inclusion of KIM's Visiting Professional Services (VPS) Program in the emerging Tripartite Framework Agreement, recognizing it as a model for First Nations-led health care.

Led KIM's coordinated health response during the 2025 wildfire evacuations, including implementing the Managed Alcohol Program (MAP), pharmacy advocacy, and clinical system coordination.

Collaborated with regulatory bodies and health care partners to improve access to medications, clarify professional responsibilities during evacuations, and strengthen clinical infrastructure in northern communities.

Expanded access to shared clinical information systems, including eCHART, TigerConnect, and ACCURO, to improve care coordination.

Continued development of a community-driven Health and Wellness Framework by KIM's Health Directors Subcommittee.

Supported implementation planning following KIOC's October 2025 Resolution, which directed analysis of federal health programs for phased transition.

Initiated collaborative planning with Indigenous Services Canada to develop an Umbrella Information Sharing Agreement.

Launched the KIM STARS pilot, expanding access to specialized clinical expertise for complex patient care.

Challenges

- Changes to Jordan's Principle funding created uncertainty for pediatric and clinical health psychology services, prompting KIM to identify sustainable pathways to maintain care.
- The 2025 federal election delayed key government decisions and slowed progress in Health Transformation activities and initiatives.
- The 2025 wildfire season shifted organizational priorities toward emergency response and highlighted longstanding health system inequities affecting northern First Nations.
- Delays and scheduling challenges for federal information-sharing sessions slowed analysis of existing programs and limited opportunities for collaborative planning.

Looking Ahead

Health Transformation will build on the foundational work completed to date, moving forward with the agreements, planning, engagement, and organizational development needed to advance a First Nations-led health system. This next phase will focus on translating the direction of the 23 Nations into the governance structures, health service plans, and operational capacity required to support meaningful and lasting health system transformation.

- Draft KIM’s Interim Health Plan and proposed post-transfer organizational structure to guide the transition toward a First Nations-led health system.
- Advance the establishment of a Tripartite Health Transformation Committee through collaborative planning with KIOC, strengthening coordination and accountability in advancing health transformation.
- Finalize the Umbrella Information Sharing Agreement and complete the remaining Indigenous Services Canada information-sharing sessions to support analysis of federal health programs and inform health transformation planning.
- Advance community-led health and wellness planning, including the development of a Health and Wellness Planning Toolkit and KIM's Programs and Services Plan, with guidance and input from the Health Directors Subcommittee.
- Establish a dedicated Health Transformation team by recruiting the specialized workforce needed to lead and coordinate health transformation planning, engagement, and implementation, building KIM's capacity to advance its mandate.
- Strengthen organizational and operational readiness by advancing the policies, governance structures, systems, and processes required to support health transformation and the transfer of health services.
- Strengthen and expand engagement with First Nations leadership, Health Directors, community-based healthcare providers, and other key partners to ensure health transformation remains grounded in the priorities, needs, and direction of First Nations.

Progress and Impact

Health Transformation is creating the conditions for northern First Nations to exercise greater authority over how health services are governed, designed, and delivered. By strengthening First Nations-led governance, partnerships, and coordination across jurisdictions, KIM is advancing a health system grounded in First Nations priorities, self-determination, and the long-term goal of health sovereignty.

KIM Governance

Keewatinohk Inniniw Okimowin Council (KIOC)

The KIOC is composed of 23 members appointed by each of the six regional caucuses through their own processes. KIOC members must be either a Chief or Councillor of a First Nation. The KIOC appoints the Board of Directors, advocates on behalf of KIM, and is the only governance body with the authority to amend the organization's bylaws.

During the 2025–2026 fiscal year, the KIOC continued to provide strategic leadership and oversight in support of KIM's mandate to advance First Nations-led health transformation and improve health outcomes across northern Manitoba. Leadership remained engaged in discussions related to health transformation, service innovation, federal and provincial partnerships, and long-term governance of First Nations health services.

This fiscal year, the KIOC met at the Annual General Meeting on October 29, 2025. During the meeting, elected leaders received updates regarding health transformation activities, federal engagement, information-sharing initiatives, and future Framework Agreement planning. Leadership discussed opportunities and challenges associated with the transfer of health services while emphasizing the need to maintain momentum toward greater First Nations control of health systems and services.

A key area of discussion focused on the evolving Health Transformation process and the importance of ensuring that future negotiations remain responsive to the priorities of northern Manitoba First Nations. Leadership reviewed potential pathways forward, including approaches that combine service innovation, partnership development, and long-term transfer objectives to advance health sovereignty and improve access to care.



Left to right: Frank Turner, Michelle Monkman, Chief David Monias

The KIOC also received updates highlighting KIM's growing role in health service integration, anti-racism initiatives, harm reduction programming, emergency response partnerships, workforce development, and primary care innovations. These initiatives demonstrate early examples of health transformation in action while laying the foundation for future system change.

Board of Directors

The Board of Directors is responsible for the governance and strategic oversight of KIM. Throughout the 2025-2026 fiscal year, the Board continued to provide leadership and accountability during a period of significant organizational growth, policy development, financial planning, and health transformation activities.

Meeting dates for 2025-2026 included:

- May 20, 2025
- July 29, 2025
- October 2, 2025
- December 10, 2025
- January 6, 2026
- January 29, 2026
- March 17, 2026

Throughout the fiscal year, the Board of Directors focused on strengthening governance, monitoring organizational performance, advancing strategic priorities, and ensuring sound financial stewardship. Significant achievements included navigating a critical leadership transition through the appointment of an Interim Chief Executive Officer, approval of the 2024–2025 audited financial statements and 2025–2026 operating budget, oversight of budget reprofiling activities, implementation of corporate policies and procedures, and support for organizational planning initiatives.

The Board continued to provide oversight of Health Transformation activities, including engagement with federal and provincial partners, support for the Health Directors Subcommittee, development of community health and wellness planning initiatives, and establishment of the Health Transformation Office. The Board also supported the early development of KIM's first organizational strategic plan to guide future growth and sustainability.

Board members remained actively engaged in financial stewardship and organizational accountability during a period of uncertainty related to federal funding and carry-forward agreements. The Board directed legal review of contribution agreements, monitored funding discussions, and worked closely with management and external advisors to support organizational sustainability and compliance.

The fiscal year was also marked by a profound loss with the passing of Dr. Barry Lavallee, KIM's Chief Executive Officer. During this difficult period, the Board demonstrated leadership and fulfilled its governance responsibilities by acting decisively to appoint Michelle Monkman as Interim Chief Executive Officer. This appointment ensured continuity in executive leadership, supported organizational stability, and enabled KIM to maintain momentum on its strategic priorities and Health Transformation mandate.



Remembering Chief Hart

In January of 2026, Keewatinohk Inniniw Minoayawin Inc. mourned the loss of Chief Richard Hart of Bunibonibee Cree Nation.

Chief Hart was a respected First Nations leader whose dedication to his Nation and to advancing the health and well-being of First Nations peoples was evident throughout his years of service. He was known for his humility, compassion, and commitment to the people he served, leaving a lasting impact on his community and on many organizations across Manitoba.

We honour Chief Hart's life, leadership, and enduring legacy. His commitment to his people and to strengthening First Nations will continue to inspire those who carry this important work forward.



RESPONDING TO CRISIS:

KIM's Support During the 2025 Wildfire Evacuations

19,000+
First Nations Citizens Evacuated

The 2025 wildfire season brought unprecedented challenges across northern Manitoba, affecting First Nations communities throughout the region. One of the largest evacuation efforts in Manitoba's history saw more than 33,000 residents evacuated across the province. The impacts were particularly significant for northern First Nations, with Manitoba Keewatinowi Okimakanak reporting that more than 19,000 First Nations evacuees had registered with the Canadian Red Cross by August 6, 2025.

While some First Nations experienced full or partial evacuations, the impacts extended far beyond those required to leave their homes. Nations across the north faced wildfire threats, smoke and poor air quality, disruptions to transportation and essential services, and increased pressure on local health systems. The emergency also placed significant demands on First Nations leadership, healthcare providers, and communities supporting displaced families.

Among the First Nations KIM works with and is accountable to, those with documented wildfire evacuations included:

- Tataskweyak Cree Nation
- Pimicikamak Cree Nation
- Mathias Colomb Cree Nation
- Marcel Colomb First Nation
- York Factory First Nation
- Misipawistik Cree Nation
- Nisichawayasihk Cree Nation
- O-Pipon-Na-Piwin Cree Nation

As thousands of First Nations people were relocated across Manitoba and Ontario, KIM mobilized quickly to help ensure evacuees had access to healthcare, wellness supports, advocacy, and culturally safe services amid significant uncertainty and disruption.

The widespread impacts of the wildfire season reinforced the importance of coordinated emergency preparedness, continuity of healthcare services, and strong First Nations-led emergency response systems that recognize and respond to the unique needs and realities of northern First Nations.



A Rapid and Coordinated Response

KIM established an internal emergency response working group that met daily during the height of the wildfire evacuations to coordinate organizational efforts and respond to the evolving needs of affected First Nations and evacuees.

Drawing on lessons learned during the COVID-19 pandemic, KIM focused on identifying gaps in existing emergency response systems while ensuring First Nations voices informed decision-making.

KIM participated in provincial Incident Command meetings with Shared Health, Regional Health Authorities, and federal and provincial partners, representing one of the few First Nations organizations participating at these tables. KIM raised concerns about medication access, continuity of care, food security, safety, mental health supports, and culturally safe services for First Nations evacuees.

Advancing Access to Care and Addressing Systemic Barriers

Throughout the wildfire evacuation response, KIM worked closely with First Nations leadership, Health Directors, healthcare providers, partner organizations, and evacuees to identify and address barriers to healthcare and wellness supports. Concerns raised by affected Nations informed KIM's advocacy with provincial authorities, healthcare regulators, and health system partners to improve access to care during the emergency.

One significant area of advocacy focused on access to prescriptions and medications. As evacuees were relocated across Manitoba and Ontario, many experienced challenges obtaining prescription renewals, medications, and essential medical supplies. KIM worked with pharmacy regulatory bodies and health system partners to identify solutions and formally advocate for improved medication access.

KIM also played a key role in addressing nursing jurisdictional barriers that threatened continuity of care. Working collaboratively with nursing regulatory colleges in Manitoba and Ontario, KIM helped clarify practice requirements so Manitoba-registered nurses could continue providing care to displaced Manitoba residents without additional Ontario registration requirements.

These efforts demonstrated the importance of First Nations-led advocacy in addressing systemic barriers to healthcare. By bringing the concerns of affected Nations directly to decision-makers and working with regulatory partners to identify solutions, KIM helped support continuity of care during the evacuations while reinforcing a fundamental principle of health transformation: First Nations people should not face unnecessary jurisdictional barriers to receiving the healthcare they need.



Sandwich Assembly - KIM staff prepare lunch for evacuees

Bringing Care Directly to Evacuees

Beyond system coordination and advocacy, KIM staff provided direct support to First Nations evacuees through various First Nations values-based programs and initiatives.

The Minoayawin Mobile Outreach Program maintained a daily presence at evacuation sites in Thompson, providing outreach services, harm-reduction supplies, primary care support, referrals, and wellness resources. Staff distributed food, beverages, and essential supplies while helping First Nations evacuees connect with services through established and emerging relationships in Thompson.

Sākihiwēwin Advocates were also available throughout the response in Thompson, supporting individuals and families navigating displacement, assisting with transitions between communities, and helping ensure people received the supports they needed.

KIM staff in Winnipeg provided culturally meaningful, familiar foods such as bannock, soup, and traditional meats, and created welcoming spaces to help First Nations evacuees feel safe and connected. Staff also organized a large clothing and supply drive, delivering donated items directly to evacuees at hotels across Winnipeg.

Leading a First Nation-Led Harm Reduction Response

One of the most significant initiatives during the 2025 wildfire evacuations was KIM's leadership in establishing a First Nations-led Managed Alcohol Program (MAP) for evacuees living with severe alcohol use disorder who were at high risk of alcohol withdrawal. Recognizing the potentially life-threatening consequences of withdrawal, KIM worked quickly to establish a culturally grounded, clinically supported harm reduction response that prioritized safety, dignity, and continuity of care.

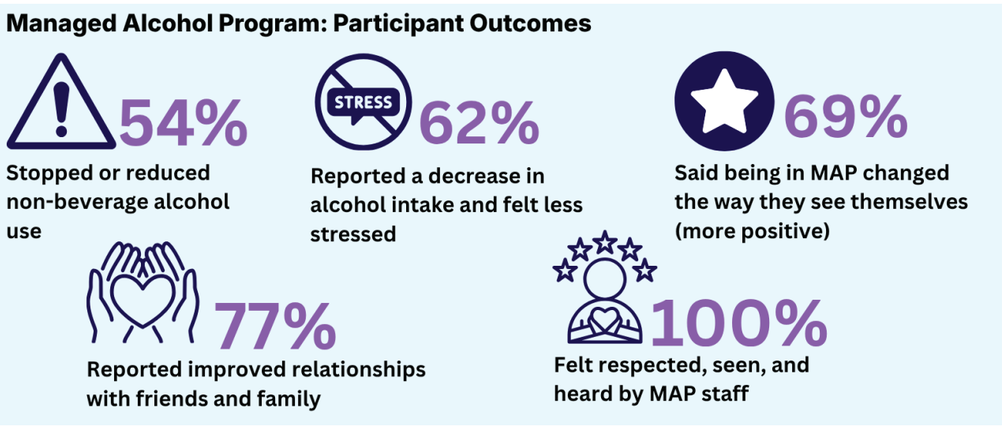


KIM staff carefully measure out mushkehke (medicine)

Developed in partnership with Red Response, the First Nations Health and Social Secretariat of Manitoba, Manitoba Keewatinowi Okimakanak, the Turtle Team, N'Dinawemak, Main Street Project, and the Province of Manitoba, MAP provided carefully monitored administration of mushkehke (medicine) to reduce the risk of severe withdrawal and other alcohol-related harms. The program also connected participants to primary healthcare, social supports, cultural connections, and traditional healing opportunities, recognizing the importance of holistic, relationship-based care.

The program supported approximately 230 participants from nine First Nations. Participants reported reduced alcohol consumption, decreased use of non-beverage alcohol, improved relationships with family and friends, and increased self-esteem. Every participant surveyed reported feeling respected, seen, and heard by MAP staff.

This initiative demonstrated the importance of First Nations-led harm reduction approaches that prioritize health, dignity, and cultural safety. By responding to an urgent healthcare need during the evacuations, KIM and its partners demonstrated how culturally grounded, evidence-informed approaches can address critical gaps in emergency healthcare and support the health and wellness of First Nations people.



Communication and Community Support

Throughout the emergency, KIM prioritized access to accurate and timely information for evacuees and their families. Dedicated wildfire-related content was created for KIM's website and social media channels, while updates from First Nations organizations and trusted partners were amplified to help people navigate available services and supports.

KIM also responded to calls for donations by organizing a staff-led collection drive. KIM and other organizations donated clothing, hygiene products, toys, games, baby supplies, and other essentials, which were distributed to First Nation evacuees.

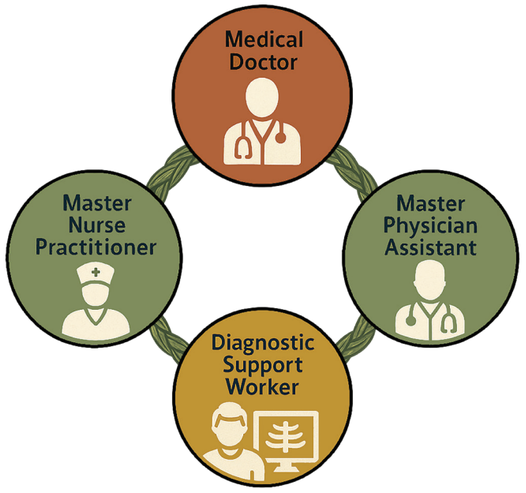
Looking Ahead

As evacuation efforts transitioned to recovery phases, KIM began evaluating lessons learned from the wildfire response. This work included exploring First Nations-led approaches to emergency management evaluation and identifying measures that more accurately reflect community experiences, wellness outcomes, and system performance.

The 2025 wildfire response highlighted the crucial role of First Nations leadership in emergency management. Through advocacy, coordination, direct service delivery and harm reduction programming, KIM supported First Nations people in staying connected to care, community, and culture during one of Manitoba's largest evacuations.

Visiting Professional Services

Visiting Professional Services (VPS) was established in 2024 in response to a primary care service gap identified by participating First Nations. Developed in partnership with First Nations leadership and health care partners, VPS provides a First Nations-led model of care that improves access to health-care services while supporting continuity of care closer to home.



Team-Based Care

Visiting Professional Services utilizes a team-based model of care that brings together physicians, nurse practitioners, physician assistants, diagnostic support workers, and other health-care professionals.

By working collaboratively, clinicians provide comprehensive care, improve coordination between providers, and increase access to health-care services. This approach supports primary care, urgent care, chronic disease management, diagnostics, referrals, follow-up care, and emergency consultation.

Supporting Access to Care

The Visiting Professional Support Service (VPSS) manages essential clinical administration activities. These services include prescription renewals, specialist report reviews, diagnostic result follow-up, referrals, and clinical documentation.

By centralizing these functions, on-site clinicians can spend more time providing direct patient care.

KIM's Primary Care Virtual Support Service provides 24/7 clinical support to nursing station staff and other health-care providers. Physicians, nurse practitioners, and physician assistants provide timely consultation and support for patient assessment, treatment planning, and clinical decision-making.

The KIM Virtual Care Clinic supports First Nations patients outside their home Nations through care coordination, follow-up services, laboratory testing, diagnostic investigations, and continuity of care.

Joining Manitoba's eHealth Hub marks an important step toward expanding the program's ability to provide comprehensive, coordinated health care services.

Key Accomplishments

Continued delivery of on-site primary care, urgent care, and clinical support services.

Expanded access to care through weekend clinical services when staffing permitted.

Maintained the Clinical Services Access Line to support communication and coordination with health-care providers, pharmacies, laboratories, diagnostic imaging services, partner organizations, and community members.



Clinical Services Education Day

On May 22, 2025, KIM hosted a Clinical Services Education Day, bringing together clinical staff, health-care partners, and subject matter experts to explore innovation, health system transformation, and emerging approaches to First Nations-led health care. The event provided participants with an opportunity to learn, share knowledge, and strengthen relationships across KIM's growing clinical services network.

The morning session focused on health system transformation, governance, and First Nation-specific racism in health care.

Presentations from KIM leadership highlighted the importance of First Nations-led approaches to care and encouraged participants to consider how innovation can support improved health outcomes for northern First Nations.

In the afternoon, participants explored emerging virtual reality technologies through a hands-on demonstration delivered in partnership with the University of Manitoba. The session showcased innovative training and evaluation tools that can support clinical education, resuscitation training, communication skills development, and remote learning opportunities.

KIM/STARS Virtual Support Service

The KIM/ Shock Trauma Air Rescue Society (STARS) Virtual Support Service launched in November 2025 to strengthen emergency and critical care capacity in participating First Nations. Through the partnership with STARS, health-care providers have access to critical care physicians who assist with diagnosis, patient stabilization, treatment planning, referral coordination, and transport decision-making.

The service provides nursing station staff and other health care providers with timely access to specialized expertise for patients experiencing serious illness or injury.

KIM/STARS Virtual Support Service: Program Activity and Outcomes

(November 2025 – March 2026)

98
Patients Supported

138
Clinical Cases Supported

60+
Critical Care Consultations

2 Minute Median Physician Response Time

24 / 7 / 365 Clinical Support Available

73%
Patients Requiring Advanced Clinical Support

66
Patient Transports Coordinated

Remembering Juliana “Juke” Settee

KIM experienced a significant loss with the passing of Juliana “Juke” Settee, Diagnostic Support Worker and member of the Visiting Professional Services team. A proud member of Pimicikamak Cree Nation, Juke was among the first graduates of the Diagnostic Support Worker program developed through a partnership between KIM and Red River College Polytechnic. Through her work, she helped improve access to diagnostic services while demonstrating the important role community-based health workers can play in strengthening health care within First Nations communities.

Juke was known for her dedication to helping others, her commitment to improving health outcomes, and her belief in the importance of education and lifelong learning. She brought compassion and a strong sense of service to her work, making a lasting impact on colleagues, patients, and the communities she visited across northern Manitoba. Her contributions reflected the values that continue to guide KIM’s work today.

To honour her legacy, KIM established the Juke Settee Memorial and Legacy Awards through a permanent endowment fund at Red River College Polytechnic. The fund supports Indigenous students pursuing careers in health sciences and recognizes learners in the Diagnostic Support Worker program that Juke proudly completed. Through these awards, future generations of Indigenous health professionals will be supported in carrying forward her commitment to service, leadership, and improving health outcomes for First Nations people.



"Through this endowment, Juke’s memory will continue to shine – encouraging future generations of learners, strengthening First Nations health systems, and honouring a life lived with purpose, generosity, and dedication to her people."
~ Michelle Monkman, CEO, KIM

RRC POLYTECH

Scan the QR code to learn more about the Juke Settee Memorial and Legacy Awards Endowment Fund.

Advancing Prevention, Research and Collaboration

KIM works collaboratively with First Nations, healthcare providers, researchers, and health system partners to advance prevention, early detection, and improved access to care. Throughout 2025–2026, this work also contributed to early planning for a First Nations-led Public Health Unit, including the exploration of integrated models of care that better respond to the health priorities and realities of northern First Nations. Through research, clinical partnerships, and advocacy, KIM continued building the relationships, evidence, and capacity needed to support more coordinated, culturally safe, and accessible healthcare services.

Key Accomplishments

Point-of-Care Testing and Early Detection

KIM continued supporting point-of-care testing initiatives in partnership with First Nations, Tribal Councils, regional health authorities, Nine Circles Community Health Centre, and the Manitoba Harm Reduction Network. These partnerships focused on expanding access to HIV and syphilis screening, supporting earlier diagnosis, timely treatment, and connection to care. Point-of-care testing remains particularly important for northern and remote First Nations, where geographic isolation and limited access to diagnostic services can delay care.

Public Health Planning and Models of Care

During 2025–2026, KIM advanced early planning and discussions toward establishing a First Nations-led Public Health Unit. This work focused on exploring integrated, Nation-informed models of care that strengthen prevention, screening, early intervention, and coordination of services across northern First Nations.

Building on existing initiatives in point-of-care testing, chronic disease screening, and clinical research, KIM began exploring opportunities to better integrate services addressing tuberculosis, human immunodeficiency virus (HIV), other sexually transmitted and blood-borne infections, diabetes, and kidney disease. These early discussions helped inform the development of a more coordinated public health approach that responds to the interconnected health challenges facing northern First Nations while strengthening First Nations leadership in the planning and delivery of services.

Diabetes Research and Prevention

KIM continued participating in the Diabetes Research Envisioned and Accomplished in Manitoba (DREAM) Steering Circle, providing guidance to support research that reflects Indigenous priorities and respects Indigenous data sovereignty, including the First Nations principles of ownership, control, access and possession (OCAP®).

KIM also supported research examining health outcomes among children born to First Nations women living with type 2 diabetes and the national Improving Renal Complications in Adolescents with Type 2 Diabetes through Research (iCARE) study, which investigates kidney disease among youth living with type 2 diabetes. These initiatives contribute to a better understanding of chronic disease risks, prevention opportunities, and approaches to improving long-term health outcomes.

Kidney Health Research and Continuity of Care

KIM continued supporting Kidney Check initiatives focused on the early identification and management of chronic kidney disease, diabetes, and hypertension. An important achievement was strengthening the connection between screening and follow-up care through a referral pathway within KIM Clinical Services. This pathway helps ensure individuals identified through Kidney Check who do not have a primary care provider can access appropriate follow-up services.

Between October 2024 and March 2026, KIM received and coordinated follow-up for 93 patient referrals, helping address a critical gap between identifying health risks and accessing ongoing care.

KIM also participated in the Virtual Kidney Check Project, which explores innovative approaches to population-based kidney disease screening and follow-up care. Engagement activities with participating Nations were completed during the reporting period, supporting the development of approaches that reflect local needs and priorities.

Emerging Research and Health System Innovation

KIM supported the development of emerging research partnerships focused on cancer care, stroke prevention, women's health, genomics, and medical transportation. These initiatives seek to improve prevention, screening, diagnosis, and treatment while identifying systemic barriers that contribute to health inequities experienced by First Nations people.

Through these collaborations, KIM continued advocating for research that moves beyond identifying disparities toward developing practical, culturally safe solutions that can improve healthcare delivery and outcomes.

Committees and Strategic Partnerships

KIM maintained active participation in provincial and national committees, ensuring northern First Nations perspectives and priorities were represented in discussions on healthcare delivery, prevention, research, workforce development, and health policy.

Participation included:

- Manitoba First Nation Personal Care Home Network
- Canadian Partnership Against Cancer
- Indigenous Partners and CancerCare Manitoba Steering Committee
- Community Health Representatives Association
- Human Papillomavirus Expert Advisory Committee
- Health Information and Research Governance Committee
- Manitoba First Nations Nursing Council
- Manitoba First Nations Harm Reduction Network
- Immunization Coordinators Practice Council
- University College of the North Health Program Advisory Committee
- National Committee on Immunization and Vaccine Preventable Disease
- E-Aniskopitak Advisory Committee

Through these partnerships, KIM contributed to advancing cancer prevention and screening, strengthening First Nations healthcare workforce development, promoting Indigenous data governance, and challenging barriers to equitable, culturally safe, and racism-free health care.

Looking Ahead

KIM Health Projects will continue strengthening the connections between prevention, research, clinical services, and health transformation, with a focus on translating evidence and partnerships into meaningful improvements in healthcare for northern First Nations.

- **Advance the development of a First Nations-led Public Health Unit**, building on early planning and partnerships to develop integrated models of care that strengthen prevention, disease surveillance, screening, early intervention, and coordinated responses to public health priorities.
- **Expand access to prevention and early detection** by strengthening partnerships that support point-of-care testing, chronic disease screening, and timely connections to treatment, particularly for First Nations facing geographic and systemic barriers to care.
- **Strengthen pathways from screening to care**, building on the Kidney Check referral model to improve follow-up, continuity of care, and access to clinical services for individuals without a primary care provider.
- **Advance First Nations-led and Nation-informed research** that responds to priorities identified by the 23 Nations KIM works with and is accountable to, with a particular focus on chronic disease prevention, cancer, kidney health, and emerging models of care.
- **Strengthen Indigenous research and data governance**, ensuring First Nations priorities, rights, and OCAP® principles guide research partnerships, information sharing, and the use of health data.
- **Translate research into improvements in healthcare delivery**, ensuring research findings and emerging evidence inform clinical practice, public health planning, prevention strategies, and the development of First Nations-led health services.
- **Strengthen strategic partnerships and collaboration** to address health inequities, support healthcare workforce development, and advance culturally safe and racism-free healthcare for northern First Nations.

Honouring Dr. Barry Lavallee

In November 2025, Dr. Barry Lavallee was honoured at the DREAM Research Symposium for his decades of leadership and contributions to Indigenous health research, chronic disease prevention, and improved healthcare for First Nations people. His work helped build lasting partnerships among First Nations, researchers, and health organizations while challenging conventional approaches to research and care.

Dr. Lavallee believed research must do more than document health inequities. It must contribute to meaningful change, respect First Nations knowledge and authority, and improve the lives of the people it is intended to serve. His leadership and commitment to First Nations-led approaches continue to influence KIM's work in prevention, research, and health transformation.



Dr. Barry Lavallee was presented with a Star Blanket during the DREAM Research Symposium in November 2025. Pictured from left to right: Caroline Chartrand, Senior Nurse Advisor, and Dr. Barry Lavallee, Chief Executive Officer.



Sākihiwēwin Client Advocate Program

The Sākihiwēwin Client Advocate Program provides trauma-informed advocacy for First Nations people accessing health care in northern Manitoba, with a primary focus on Thompson General Hospital. The program helps clients navigate the health-care system, promotes equitable access to services, and addresses racism and systemic barriers to care.

Key Accomplishments

Strengthened partnerships with health-care providers and community organizations to coordinate client supports and services.

Established direct working relationships with Northern Regional Health Authority (NRHA) department managers, enabling timely resolution of client concerns.

Increased client awareness of patient rights, supporting clients in advocating for their health care needs.

Challenges

- Increasingly complex client needs required extensive coordination among multiple service providers.
- Limited housing options posed significant barriers for many clients.
- Inconsistent cultural safety practices continued to affect clients' experiences within the health-care system.
- Delays in the patient experience process slowed the resolution of client concerns.
- Trauma-informed safety and de-escalation capacity require further development.

Looking Ahead

The Sākihiwēwin Client Advocate Program will continue strengthening advocacy, partnerships and access to culturally safe health care for First Nations clients.

- Strengthen coordination with health care and community partners.
- Improve navigation and coordination of community resources for clients.
- Promote culturally grounded, holistic supports.
- Explore expansion of the Sākihiwēwin Client Advocate Program.
- Strengthen partnerships with First Nations organizations, including Keewatin Tribal Council and Manitoba Keewatinowi Okimakanak.
- Advance system improvements through policy advocacy and greater First Nations representation in health care.
- Increase awareness of advocacy services through targeted education and outreach.

Program Impact

Through culturally safe advocacy, clients have secured stable housing, received more coordinated care, and gained the support needed to make informed health care decisions.

By the Numbers



*Sākihiwēwin Client Advocate Program data, April 2025 to March 2026.

Minoayawin Mobile Outreach Program

The Thompson-based Minoayawin Mobile Outreach Program (MMOP) improves access to health care for individuals facing barriers to traditional services with a focus on people experiencing homelessness and those affected by problematic substance use. MMOP uses a culturally safe, trauma-informed and harm-reduction approach to provide primary care, outreach, system navigation and connections to health and social services.

Key Accomplishments

Expanded primary care services to include immunizations, phlebotomy, and Opioid Agonist Therapy (OAT).

Secured additional vendors to strengthen program supply and operations.

Strengthened partnerships with health-care providers, including the Northern Regional Health Authority Emergency Department, Community Care Clinic, Home Care, Public Health, Social Work, and Thompson Clinic.

Added a permanent full-time Social Worker to expand client support and advocacy.

Looking Ahead

MMOP will continue strengthening clinical services, expanding outreach and improving access to culturally safe, community-based care and support.

- Secure a pharmacy agreement to support medication dispensing.
- Enhance clinical services with updated equipment and resources.
- Acquire a dedicated vehicle to better support the Managed Alcohol Program.
- Expand the outreach team to increase access to services.
- Increase participation in OAT program.
- Support housing stability by expanding social work advocacy and strengthening community connections.

Challenges

- Mechanical issues with the mobile unit limited outreach and access to community-based services.
- Access restrictions at the Managed Alcohol Program created barriers for some clients seeking care.
- The lack of a pharmacy agreement limited medication dispensing.
- Limited community awareness affected access to services.

By the Numbers

3,784
TOTAL CLIENTS SERVED

315
Average Monthly Client Visits

455
Highest Volume March 2026

Services Delivered Weekly
(average)

19	88	7	30
Primary Care	**Snacks**	**Hygiene Packages**	**Harm Reduction**
Health care and wellness support	Nutritious snacks and food support	Hygiene essentials and personal care	Safer use supplies and support

*Minoayawin Mobile Outreach Program data, April 2025 to March 2026.



Program Impact

Through coordinated health care, harm reduction, outreach, and advocacy, clients have accessed addiction treatment, secured stable housing, reconnected with their families, and begun long-term recovery journeys.

Pictured left: MMOP staff pose while getting ready to help relatives in Thompson.

Diagnostic Support Worker Program

In Partnership With RRC POLYTECH

The Diagnostic Support Worker (DSW) Program creates accessible pathways into health-care careers while strengthening diagnostic capacity in northern First Nations. Delivered through Red River College (RRC) Polytechnic and supported by KIM, the program combines online learning, skills labs and clinical placements to prepare community members to provide diagnostic and clinical support services closer to home.

Participants receive training in phlebotomy, electrocardiography (ECG), radiographic procedures, patient support, medical terminology, workplace safety and other diagnostic and public health activities.

Key Accomplishments

Eight students graduated from the DSW Program, strengthening the availability of trained diagnostic personnel and supporting the development of First Nations healthcare capacity.

A cohort of five students from Norway House Cree Nation began the DSW Program in 2025, expanding opportunities for community-based diagnostic training and workforce development.

DSW training and clinical placements continued for participants from northern First Nations, supporting the development of diagnostic skills and pathways to employment closer to home.

Work progressed on a Nation-specific cohort for Pimicikamak Cree Nation, supporting the development of local diagnostic capacity. Student evaluations were introduced beginning at the six-week mark of clinical placements to identify learning needs and better prepare participants for employment.



A DSW student practises a blood draw.

KIM continued work toward establishing professional oversight for DSW graduates and workers to support consistent standards and safe, high-quality diagnostic services.

Looking Ahead

The DSW Program will focus on strengthening training, clinical placements and workforce development to build diagnostic capacity within northern First Nations.

- Continue Nation-specific recruitment for upcoming cohorts.
- Directly engage Nations not yet represented in the program to identify prospective students.
- Continue supporting pathways from DSW training to employment in northern First Nations.

Program Impact

The DSW Program creates accessible pathways into health care careers while strengthening diagnostic capacity in northern First Nations.

Harm Reduction

KIM's Harm Reduction team continued to work alongside First Nations to strengthen community-based substance use supports through outreach, education, testing, advocacy and capacity building. Throughout the year, the team balanced ongoing community programming with responses to urgent and emerging needs.

Emergency and Crisis Response

Harm Reduction staff played a significant role in KIM's response to the 2025 wildfire evacuations, including extensive involvement in the Managed Alcohol Program (MAP) and direct support for displaced First Nations people. The broader wildfire response and MAP initiatives are highlighted earlier in this report.

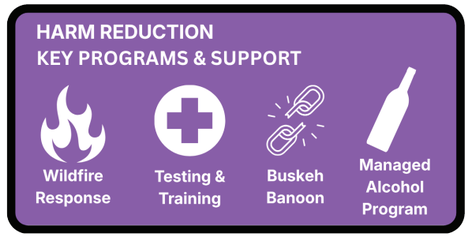
The Harm Reduction and Minoayawin Mobile Outreach Program teams also mobilized for a two-week on-site response to an urgent mental health and wellness crisis. Staff provided direct counselling, delivered train-the-trainer education on suicide risk assessment, and assessed existing local health and wellness services to identify gaps and recommend improvements. Working alongside local service providers, the teams also helped establish crisis response programming and strengthen local capacity to respond to immediate and ongoing mental health needs.

Nation-Based Support and Outreach

The Harm Reduction team continued providing regular outreach and direct support to Nations, including monthly four-day visits to support substance use programming and deliver Cognitive Behavioural Therapy interventions.

Staff also engaged directly with citizens experiencing substance use challenges to better understand recovery needs, identify service gaps, and deliver substance use education and awareness activities for youth and other Nation members.

KIM supported preliminary planning and a needs assessment for a proposed trauma



and substance use treatment facility, including consideration of Nation-based aftercare services. The team also collaborated with another Nation to strengthen harm reduction programming and explore opportunities to better integrate substance use and mental health services.

Testing, Training & Capacity Building

The Harm Reduction team collaborated with Nations to plan HIV and syphilis point-of-care testing initiatives, supporting efforts to expand access to screening, early diagnosis, and connection to care. Staff also completed National Microbiology Laboratory training for INSTI Mand 35, #3 ULTI HIV and syphilis point-of-care testing.

The team delivered naloxone training to 20 First Nation Safety Officers and Anishinaabe Peace Keepers, building their capacity to recognize and respond to opioid overdoses. Staff also participated in harm reduction and opioid agonist treatment training and knowledge-sharing opportunities to strengthen program delivery and support evidence-informed approaches to substance use care.

Looking Ahead

In the coming year, KIM's Harm Reduction team will continue working alongside Nations to strengthen Nation-led and Nation-identified solutions to problematic substance use. Priorities include supporting the development of locally driven harm reduction and recovery initiatives; advancing HIV and syphilis point-of-care testing; evaluating the Managed Alcohol Program and applying lessons learned from the 2025 wildfire response; and expanding access to substance use education, prevention, and recovery supports.

Human Resources

KIM's Human Resources (HR) department supports employees and organizational operations through recruitment, onboarding, payroll and benefits administration, performance management, and employee learning and development. Throughout 2025–2026, the department strengthened HR policies and processes, enhanced employee supports, and responded to the evolving staffing needs of KIM's programs and services.

Key Accomplishments

Strengthening Performance Management
KIM implemented a formal employee performance appraisal process to recognize employee contributions, establish performance expectations, identify professional development needs, and support succession planning. This process established a foundation for consistent performance management, employee development, and organizational accountability.

Establishing an Independent Group Benefits Plan
A significant milestone was the successful implementation of KIM's independent group benefits insurance plan. This achievement strengthened KIM's organizational autonomy and benefits administration while securing more favourable rates for employees. The transition represented an important step in establishing sustainable HR practices aligned with KIM's organizational needs.

Supporting Recruitment and Staffing
Human Resources continued coordinating recruitment, selection, and onboarding activities to meet staffing requirements across KIM's programs and services. To address increasing departmental demands, KIM also recruited a Human Resources Coordinator, enhancing the department's capacity to provide timely HR services and support to employees and managers.

Supporting the Wildfire Emergency Response
Human Resources played an important role in KIM's wildfire emergency response, particularly through the Managed Alcohol Program (MAP). The department coordinated staffing, tracked reimbursements, and supported the procurement and delivery of medications, helping ensure the program had the operational resources needed to respond to the urgent healthcare needs of displaced First Nations people.

Looking Ahead

Human Resources will continue strengthening HR practices, employee supports, and organizational capacity to meet KIM's evolving operational needs. Key priorities include:

- Implement a standardized compensation structure by establishing pay bands across all positions to support internal equity, transparency, and consistency in compensation practices.
- Review clinical compensation models to ensure competitive and equitable compensation that supports the recruitment and retention of qualified healthcare professionals.
- Strengthen recruitment and retention strategies to meet staffing requirements in priority program areas, including health transformation and expanding clinical services.
- Enhance performance management and employee development through ongoing performance appraisals, professional development opportunities, and succession planning.
- Strengthen occupational health and safety practices through expanded workplace health and safety initiatives, including respectful workplace and workplace violence prevention training.
- Review and enhance HR policies, procedures, and systems to ensure consistent employment practices, legislative compliance, and effective HR service delivery.

Workforce Snapshot

(as of March 31, 2026)

40
Employees

13 Contractors
(7 positions nearing hire)

60 **Total Team Members and Recruitment Candidates**



Staff and Community Engagement - On September 29, 2025, KIM and N'Dinawemak partnered to host a public Buffalo Ceremony honouring Residential School Survivors and their families. Students from Red River College Polytechnic's Culinary Skills (Indigenous) program prepared bison stew and bannock for approximately 450 attendees.

Jordan's Principle

The KIM Jordan's Principle Program works to improve access to specialized pediatric and clinical health psychology services for children and families across 18 northern First Nations in Manitoba. In partnership with Ongomiizwin Health Services and Shared Health's Clinical Health Psychology Program, KIM coordinates the delivery of services through program governance, funding administration, project management, and engagement with participating Nations. This collaborative approach helps reduce barriers to specialized care, bringing services closer to home and supporting children and families in accessing timely, culturally responsive healthcare.

During 2025–2026, the program supported **1,335 children, with 100% parent satisfaction reported**, reflecting the importance of accessible, coordinated services that respond to the needs of First Nations children and families.

Key Accomplishments

Expanded the internal team with three new staff members.

Introduced pediatric clinics in Northlands First Nation.

Developed Models of Care for Pediatric and Clinical Health Psychology Services.

Delivered 41 multi-day pediatric clinics and four multi-day clinical health psychology clinics.

Provided specialized services to 1,335 children across 18 northern First Nation communities.

Looking Ahead

The KIM Jordan's Principle program will continue improving access to specialized care for First Nations children and families.

- Continue expanding specialized pediatric and clinical health psychology services.
- Maintain strong community and partner relationships.
- Support the transition of services to KIM-led delivery.
- Advocate for sustainable provincial support for specialized pediatric services.

Program Impact

Community partners report earlier diagnoses, less medical travel and greater family confidence.

First Nations Supported

- Barren Lands First Nation
- Bunibonibee Cree Nation
- Chemawawin Cree Nation (Clinical Health Psychology only)
- Fox Lake Cree Nation
- God's Lake First Nation
- Manto Sipi Cree Nation
- Mosakahiken Cree Nation
- Nisichawayasihk Cree Nation
- Northlands Dene First Nation
- O-Pipon-Na-Piwin Cree Nation
- Opaskwayak Cree Nation
- Pimicikamak Cree Nation
- Sapotaweyak Cree Nation
- Sayisi Dene Denesuline Nation
- Shamattawa First Nation
- Tataskweyak Cree Nation
- Wuskwi Sipihk First Nation (Clinical Health Psychology only)
- York Factory First Nation

Communications

The Communications department supports KIM's internal and external communications, helping inform and engage First Nations, partners, employees and citizens. The department manages KIM's website, social media, newsletters, media relations, employee intranet and corporate publications, while providing communications planning and support to leadership, programs and partners.



September 29, 2025: Dr. Barry Lavallee addresses the media during a scrum following the Buffalo Ceremony, hosted by KIM and N'Dinawemak.

Key Accomplishments

Successfully launched KIM's SharePoint employee intranet, creating a centralized digital hub for policies, organizational resources, staff news, and internal communications.

Delivered media training for senior leadership, strengthening spokesperson readiness and enhancing the organization's ability to respond to media inquiries and emerging issues.

Coordinated communications initiatives with partners including Manitoba Keewatinowi Okimakanak (MKO), Southern Chiefs' Organization (SCO), and the First Nations Health and Social Secretariat of Manitoba (FNHSSM), supporting collaborative announcements, media events, and community engagement activities.

Launched KIM's monthly e-newsletter for partners, communities, and staff while expanding the organization's digital presence through strategic social media campaigns and consistent content creation.

Supported initiatives that enhanced KIM's public profile, including collaborating with Red River College (RRC) Polytechnic and The Winnipeg Foundation to establish two annual endowment funds honouring the legacy of the late Juke Settee.

Challenges

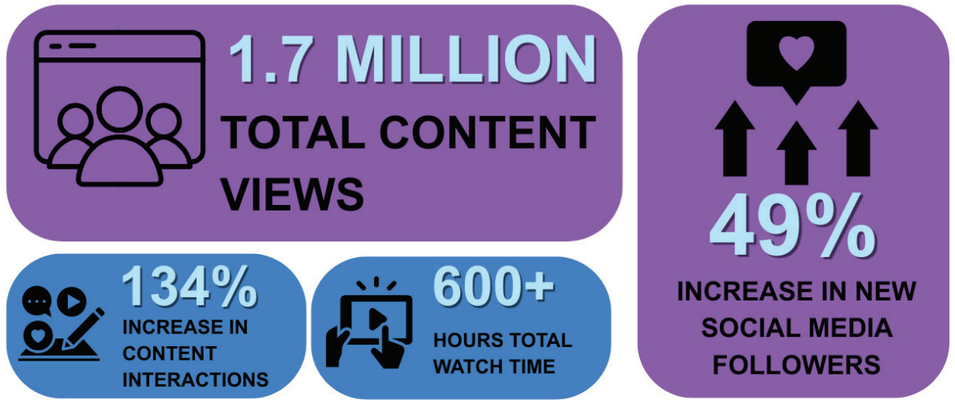
- Leadership transitions required ongoing adjustments to communications workflows, priorities, and approval structures.
- Meeting increasing demands for reactive communications while creating proactive stories and educational content continued to require careful prioritization of resources.

Looking Ahead

The Communications department will focus on strengthening internal and external communications, improving access to information, and supporting meaningful engagement with the 23 First Nations KIM works with and is accountable to. The department's priorities for the coming year include:

- Strengthen internal communications and employee engagement through regular staff newsletters, intranet enhancements, and improved information-sharing practices, incorporating employee feedback to ensure communication tools remain effective and accessible.
- Complete the redevelopment of KIM's public website to improve accessibility, increase awareness of programs and services, and provide timely, relevant information to First Nations, citizens, and partners.
- Strengthen organizational communications standards and processes by finalizing branding resources, templates, reporting procedures, and communication request processes to improve consistency, coordination, and efficiency.
- Advance the Local Communications Navigator initiative to build communications capacity within First Nations, strengthen local engagement, and support meaningful two-way communication and information sharing.
- Expand original content development and storytelling through videos, success stories, Nation profiles, and educational resources that highlight KIM's work, share the experiences and priorities of First Nations, and demonstrate progress in health transformation.
- Strengthen partnerships and coordinated communications by collaborating with First Nations, partner organizations, and health system stakeholders to support consistent messaging, joint initiatives, and greater awareness of available services.
- Enhance crisis communications and organizational preparedness by finalizing and implementing KIM's Crisis Communications Plan and providing media training and communications support to leadership and program spokespeople.

By the Numbers



*Communications data, April 2025 to March 2026.

Finance

For complete financial statements and accompanying notes, please refer to KIM's 2025–2026 Financial Report.

KEEWATINOHK INNINIW MINOAYAWIN INC.
STATEMENT OF FINANCIAL POSITION
MARCH 31, 2026

	2026	2025
ASSETS		
CURRENT ASSETS		
Cash	$ 10,146,557	11,490,982
Short-term investments (Note 3)	4,327,168	4,192,049
Accounts receivable (Note 4)	1,638,390	1,705,375
Prepaid expenses	111,350	63,920
	16,223,465	17,452,326
TANGIBLE CAPITAL ASSETS (Note 5)	408,604	442,807
	$ 16,632,069	17,895,133
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities (Note 6)	$ 2,548,685	4,632,897
Deferred revenue (Note 7)	11,560,007	11,146,871
Current portion of deferred capital contributions (Note 8)	30,120	28,301
	14,138,812	15,808,069
DEFERRED CAPITAL CONTRIBUTIONS (Note 8)	226,205	240,559
	14,365,017	16,048,628
NET ASSETS		
Unrestricted	2,114,773	1,672,558
Invested in tangible capital assets	152,279	173,947
	2,267,052	1,846,505
	$ 16,632,069	17,895,133

Acknowledgements

Keewatinohk Inniniw Okimowin Council

Appointed by the six regional caucuses, the KIOC guides KIM's health transformation and transfer efforts with federal partners. MKO Grand Chief Garrison Settee is an ex-officio, non-voting member.

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 Quentin Mink
- Councillor Reuben Grey
- Councillor Maxwell Kematch

Keewatin Tribal Council:

- Chief Doreen Spence
- Chief Morris Beardy
- Councillor Leroy Spence
- Chief Michael Yellowback
- Chief Jason Bussidor
- Chief Darryl Wastesicoot
- Councillor Agnes Denechezhe

KIM Inc. Board of Directors

- Frank Turner, Chair
- Loretta Bayer, Vice-Chair
- Florence Duncan, Treasurer
- Mirenda Sutherland, Secretary
- Diane Flett
- Grace Kyoon-Achan
- Raymond Robinson
- Sarah Samuel

Health Directors Sub-Committee of the Board

- Richard Gott, Swampy Cree Tribal Council, and Elected Health Directors Committee of the Board Chair
- Florence Duncan, Norway House Cree Nation
- Linda Wright, Nisichawayasihk Cree Nation
- Yvonne Michelle, O-Pipon-Na-Piwin Cree Nation
- Helga Hamilton, Pimicikamak Cree Nation
- Glen Ross, Swampy Cree Tribal Council
- Elizabeth Garson, Keewatin Tribal Council
- Delphine Bighetty, Keewatin Tribal Council

Health Transformation Facilitators

- Eileen Apetagon, Norway House Cree Nation
- Natalie Spence, Nisichawayasihk Cree Nation
- Wanda Moose, O-Pipon-Na-Piwin Cree Nation
- Sandy Robinson, Pimicikamak Cree Nation
- Fred Martin & Grace Pelly, Swampy Cree Tribal Council
- Eva Goulet, Keewatin Tribal Council
- Shayna Ouskan, Keewatin Tribal Council

Manitoba Keewatinowi Okimakanak Inc.

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

Working Together with Nations, Partners and Collaborators

- Barren Lands First Nation
- Bunibonibee Cree Nation
- Chemawawin Cree Nation
- Fox Lake Cree Nation
- God's Lake First Nation
- Manto Sipi Cree Nation
- Marcel Colomb First Nation
- Mathias Colomb Cree Nation
- Misipawistik Cree Nation
- Mosakahiken Cree Nation
- Nisichawayasihk Cree Nation
- Northlands Dene First Nation
- Norway House Cree Nation
- O-Pipon-Na-Piwin Cree Nation
- Opaskwayak Cree Nation
- Pimicikamak Cree Nation
- Sapotaweyak Cree Nation
- Sayisi Dene Denesuline Nation
- Shamattawa First Nation
- Tataskweyak Cree Nation
- War Lake First Nation
- Wuskwi Sipihk First Nation
- York Factory First Nation

Northern Health Region · Manitoba Keewatinowi Okimakanak Inc. · Government of Canada · STARS 40 · University of Manitoba · Manitoba · The College of Physicians & Surgeons of Manitoba · Kidney Check · College of Pharmacists of Manitoba · College of Registered Nurses of Manitoba · College of Paramedics of Manitoba · Keewatin Tribal Council · SCTC · VECTRS Virtual Emergency Care & Transfer Resource Service · RRC Polytech · Shared health Soins communs Manitoba · First Nations Health and Social Secretariat of Manitoba

The future of health starts in the North.

Keewatinohk Inniniw Minoayawin Inc.
Yathe Hotsį Dene ʔ Edenąkanelnį
Northern Peoples' Wellness

Keewatinohk Inniniw Minoayawin
94 Commerce Drive
Winnipeg, MB

kimhealth.ca