



Four Arrows
Regional Health Authority Inc.

2018-2019 Annual Report



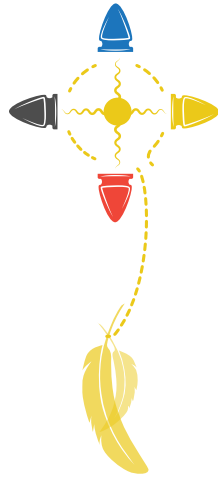


Table of Contents

3	Introduction
4	Statement from Chairman
5	Executive Director's Message
10	Director of Operations Message

Reports:

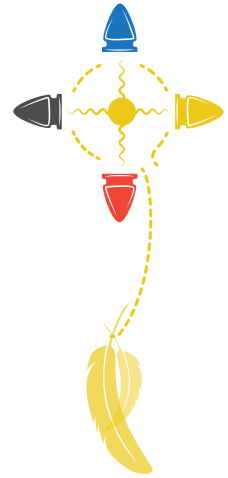
14	Tribal Nursing Officer Report
19	ADI/CPNP Report
23	Home and Community Care Report
25	Jordan's Principle
27	Foot Care Report
28	Harm Reduction and HIV/AIDS Report
31	Youth, Health and Wellness Report
33	Human Resources Report
34	Regional Food Security Report
36	Manitoba Food Security Report
38	FARHA Board Members
40	FARHA Staff Members
42	2018-19 Financials

FRONT COVER:
Artist: Jeff Monias,
member, Garden Hill First Nation



Introduction

This report is produced to provide our member First Nation communities; Wasagamack First Nation, St. Theresa Point First Nation, Garden Hill First Nation and Red Sucker Lake First Nation, with information on the activities of Four Arrows Regional Health Authority Inc. This report extends for the period of April 2018 to March 2019 and is also produced to meet the reporting requirements as outlined and in the respective funding arrangements with Health Canada, Manitoba Health and Northern Healthy Foods Initiative.



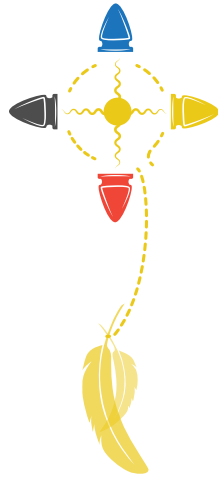
Mission Statement:

*As a regional organization created and governed
by the Island Lake First Nations,
we work cooperatively with community health services
to improve health outcomes for the Island Lake membership*

Vision Statement:

Mamow Anishinew Minoyawin





Statement from Chairman

Greetings!

On behalf of the Board of Directors members:

Oberon Munroe, Garden Hill FN Health Director

Ian Knott, Wassagamack FN Health Director

Ron Monias, Red Sucker Lake FN Health Director

Charles Monias, Councilor St. Theresa Point FN

Jonas Harper, Councilor Wassagamack FN

Wayne Harper, Councilor Garden Hill FN



Elvin Flett, CFNHM
Chairman

I would like to acknowledge all the Chiefs and Councilors and all the people of Island Lake First Nations communities. Without our leaders support and commitment, we would not have achieved the goals that we have set for the Four Arrows initiatives over the past 20 years! And especially to all the health authorities and staff of the Island Lake region too, but mostly for you the people that contact us on a regular basis to address your community concerns and your own personal concerns too.

Each community have their workers who provide their commitment and they never cease to address the needs of our all our peoples. This not only includes the tireless efforts of community-based workers but also to those elders and traditional people who continue to provide direction in natural medicines and land-based initiatives, and that includes all aspects of holistic approach using the seven sacred teachings.

I would like to also remember many of those who have provided their support in every which way that they did in promoting the regional health initiatives that we carry. These people include the following:

Vice Chief Marilyn Wood of Garden Hill

Joshua Harper of Red Sucker Lake

Hector Monias of St. Theresa Point

Josie McDougall of Wassagamack

John H. Harper of Red Sucker Lake

On behalf of the Board of Directors of the Four Arrows Regional Health Authority and all the staff, it is my honor to welcome all the participants to our Annual General Assembly in Wassagamack First Nation, Manitoba.

As Island Lake Anishininewak, we have a very special relationship unique in history with Canada and Manitoba that provides both a path for moving forward in our continued work of improving health while fostering partnerships that build on opportunities for collaboration and Innovation with stakeholders.

In the interests of: Marnow Anshininew Mino Ayawin

Executive Director's Message

Mamow, Anishininew, Minoyawin, provides our organization with a very clear vision that illustrates and encompasses the philosophy of our community elders, our leadership and those of the Island Lake Anishininew peoples.

With this guiding viewpoint, Four Arrows Regional Health Authority (FARHA) operates with this mission, "As a regional organization created and governed by the Island Lake Anishininew Nation, we work cooperatively with community health services to improve health outcomes for the Island Lake Membership".

Leadership and Governance

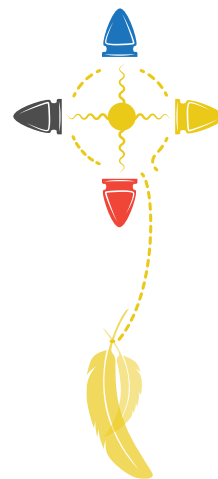
FARHA is a unique organization, in that it's the only regional health entity in Manitoba having a clear mandate from the leadership to manage and oversee 2nd and 3rd level health service for its constituent member communities of Garden Hill, Red Sucker, St. Theresa Point and Wasagamack First Nation. FARHA was incorporated December 19, 2001 as a not-for-profit organization with a board of eight (8) members; the Health Portfolio Councillor and the Health Director from each community.

Through the Health Transformation initiative, under the Nation re-building exercise, FARHA with its board, its leadership, and the Island Lake Anishininew has been working to improve and strengthen regional governance. The concept of an Island Lake Anishininew Nation, having a Grand Council with a Grand Chief, would provide for greater autonomy in management and administration of regional and community programs and service under a Nation-to-Nation, treaty-based agreement. With the opting out of MKO and the anticipated implementation of this concept, there is this common and increasingly growing questions of how our regional governance concept will impact the Manitoba PTO structure. It has become evident with the vision of strengthened regional governance of the Island Lake Anishininew Nation, there is a need to reform this PTO structure to compliment this change.

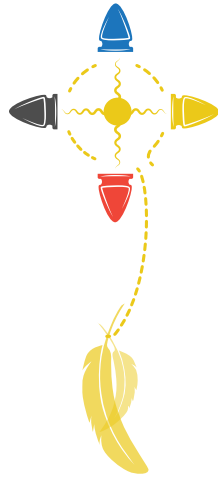
Administration & Operations

FARHA has a multi-year funding agreement, 16/17-mb-000008 with Indigenous Service Canada, FNIHB that is due to expire March 31, 2021. It also has a funding stream from Manitoba Health that supports the delivery of our Interim Island Lake Renal Health Program located in Garden Hill. We are currently updating our Regional Health Transformation plan that will include supporting and identifying priorities of the region. There are detailed program reports provided for information to our member communities utilizing various forms that include hard copies, pamphlets and website; <https://fourarrowsrha.org/>. I invite everyone to review this information at your leisure.

With this vision of increased autonomy, FARHA has adapted to the changing political environment in ways that supports the community's needs utilizing new and innovative approaches that foster collaboration between stakeholders. To manage this work, a senior management team (SMT) consisting of key staff members help to provide oversight, coordination, and evaluation of program delivery. Each SMT member has with them a competent support team that deliver programs and services to our communities and their Anishininew members.



Alex McDougall, CFNHM
Executive Director



Executive Director's Message

While community engagement is an integral part of our process, maintaining and supporting a mechanism that will allow for elder participation, validation and endorsement of ideas is needed. Our elder's guidance will offer wisdom and foresight to our Governance and Health planning while encouraging unity to benefit all Anishinew peoples.

Health Priorities

There are key focal points that FARHA is currently working on to advance in the region with the emphasis of improving health outcomes for our Anishinew peoples.

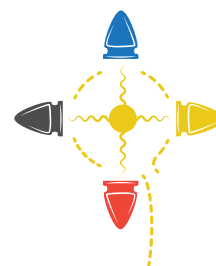
- **Hospital/primary Health care Centre** – continue working towards critical infrastructure.
- **Expanded Renal Health Services** – assisted home hemodialysis pilot.
- **Regional Addictions Program** with treatment center and mental health services.
- **Urban clinic** – with pharmacy, physician and diagnostic services, dental, etc.
- **Transfer NIHB services** – medical transportation, Health systems navigator, accommodations.
- **Health Canada** – Health Transfer payment, FARHA being recognized as RHA.
- **Manitoba Health** – FARHA role in the Manitoba Clinical and Prevention Service Plan (CPCP), Shared Health.

Challenges

Having been in this role over a year and a half and having been involved in the region in various capacities, I can, with some confidence attribute the frustration of regional programming to the following; a.) the lack of regional advocacy in the region, b.) the need for reform of the provincial PTO structure and c.) the lack of networking or the resistance to change that creates silos.

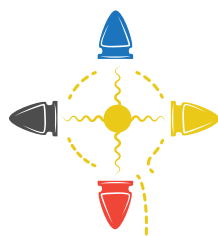
Following on the work of the Governance working group and the endorsement by BCR's from the four Chiefs and Councils, we believe improving regional Governance is a must for improving health services and the health conditions of the Anishinew peoples. The Island Lake region will continue to fall behind in its progress if nothing is done.

Executive Director's Message



2018-2019 Health Governance & Infrastructure Support Report

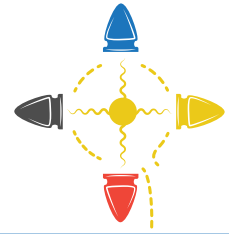
PROGRAM				
Health Liaison – Health Board and Executive Director				
GOAL				
To Provide coordination and support to the Health programs to raise the level of health awareness and services in the community.				
Objectives	Activities	Schedule of activities	Outcome measures	2018/19 Outcomes and Outputs
Develop and maintain partnerships with ALL key stakeholders; <ul style="list-style-type: none"> • Anishinew Member FN communities of Garden Hill, Red Sucker, St. Theresa Point and Wasagamack • Canada – ISC, FNIHB Manitoba Health – Shared Health 	<ul style="list-style-type: none"> • Lead in the development of regional health planning • Provide orientation as required to FN leaders. • Maintain good rapport with Canada, Manitoba and others, e.g. PTO's 	Tri-party table meeting – Governance and health planning ¼ or as needed	Increase awareness of community and regional health vision and plans. Garner and Increase support on Island Lake Anishinew Nation Reduce silos and improve networking	<ul style="list-style-type: none"> • Supports community health priorities. • Reform Manitoba PTO structure and drive change • Developing and strengthening regional governance – Island Lake Anishinew Nation, Grand Council with member elected Grand Chief
Strategic Health Planning; Provide co-ordination and support for long-term planning for programs in FARHA community/ organization. Health Transformation	<ul style="list-style-type: none"> • Participate in the co-ordination of health programs by ensuring that health needs are identified, priorities set, and health care plans are developed for the health programs. • Maintain/revise policy directions reflecting the FARHAs philosophy and goals 	Meet monthly with staff and contractors to discuss upcoming activities and what support is needed to achieve the best results.	To increase community involvement for a healthier active lifestyle. Staff and contractors clear about Priorities, Goals and objectives	<ul style="list-style-type: none"> • 4 Board Meetings (minutes) • Special Board Meetings (minutes) • Staff meetings/ with Board Representation • Meeting agendas and records • CHP Health Priorities validation records Wellness events calendars • Community Members attending wellness events • Staff supported to provide services to the 4 communities (Outcome data)
Operational Planning; Raise the level of health and healthy lifestyles of FARHA staff and community members through prevention program support and delivery.	<ul style="list-style-type: none"> • Ensure that meetings occur at regular intervals and take into consideration issues that pertain to the provision of health services. • Ensure staff have supports needed to meet objectives 	Link with WRHA and outside resources to promote and assist with health services.	To make community aware of services available outside of the community Budget/Funding planning	<ul style="list-style-type: none"> • Monthly staff meetings • Accreditation meetings • Encouraged and supported Staff to establish relations with WRHA – Shared Health reps i.e. Children's Initiatives (JP)/ Home Care, COHI and other programs • Staff have obtained Print resources from Prov and RHA • Wellness events calendars • Health Centre Newsletters



Executive Director's Message

Objectives	Activities	Schedule of activities	Outcome measures	2018/19 Outcomes and Outputs
Consult with the FARHA community/ organization and actively promote Anishininew governance, and assist in the delivery of health services.	<ul style="list-style-type: none"> Facilitate the networking process between communities in the FARHA First Nation by promoting and organizing local inter-agency resource committees. Make recommendations to the Board on the overall direction, leadership, policy and control of management of their health programs and services Assist the community in its participation in the FNIHB planning cycle, including operational planning, and work plan reviews 	On-going	To assist in transition to hospitals and assistance with community members attending medical appointments.	<ul style="list-style-type: none"> Encouraged and supported Staff to establish relations with RHA reps i.e. Children's Initiatives/ Home Care (discharge planning) Attended TC and Independent HD Provided input and prepared Briefings for board and leadership as required Kept FARHA leadership informed/ Annual community meeting and presentation to be developed Analyzed need re Review and Revisions to Policy Improved health outcomes Meetings with FNIHB as required Support to staff as required Community gatherings on a 1/4ly basis Meetings with community Members
Oversee the development of management and administrative practices of the health programs and services in FARHA community/ organization. Plan, organize and ensure that quality community-based health services are delivered to the people of FARHA community/ organization.	<ul style="list-style-type: none"> Leads and attends Accreditation activities Ensures Accreditation, H&S, Client Risk and Incident management plan is priority Provide a coordination and liaison function between FARHA, FNIHB and other government departments through regular meetings and correspondence. Review its policies, establish standards of performance regarding personnel, management practices and service delivery 	Ongoing Ongoing	Strategic Planning Budget/ Funding planning Monitor external policies Service that meets and exceeds community needs	<ul style="list-style-type: none"> Governance Ratifications, Policy Reviews Financial Analysis and Strategic planning Staff performance Management, Board reviews and Policy development Accountable Finance/ electronic networks maintained etc. Standards, Policy reviews and revision ongoing Board, Management and Staff QI implemented Organization working to be Accredited through CAC Operational Standards/ policy revisions on going Quality Improvement QI activities Ensured Health Staff aware of Community Priorities Health Staff prepared work plans/ Reports

Executive Director's Message



Objectives	Activities	Schedule of activities	Outcome measures	2018/19 Outcomes and Outputs
Evaluation of services provided by the various health care agencies and independent contractors.	<ul style="list-style-type: none"> • Establish Accreditation process • Prepare and revise annual operational/ workplan • Determine Evaluation Indicators • Determine expertise and needs and funding availability • Hire Contractors 	2016-2017 To 2020-2021	<p>Strategic Plan</p> <p>Operational plan, Accred</p> <p>Needs identified</p> <p>Application to CAC</p> <p>Board and Staff understand the benefits of Accreditation</p> <p>Funding obtained</p> <p>Expertise obtained and contracts are negotiated with in budget</p>	<ul style="list-style-type: none"> • Review and revise plans • Expertise determined/ Accred/CHP/ Evaluation. • Board and Staff presentations/Accred work plan developed • Application and timelines established for Accred • Funding obtained • Contractors hired • Strategic work plans developed • Letters of intent submitted • FNIHB Presentations and Info obtained • 2018-2019 CBRT submissions





Director of Operations Message

Welcome to our Annual Report for period April 1, 2018 to March 31, 2019.

As a staff member for Four Arrows RHA since August 1999, I have been in various roles with the current, being Director of Operations for the past 10+ years working within our Mission Statement:

"As a regional organization created and governed by the four Island Lake First Nation and working cooperatively with their community health services, we strive to improve health conditions and health services in the Island Lake region"

The Director of Operations is responsible for the successful leadership and management of all FARHA programs and services according to the strategic direction set by the Four Arrows Regional Health Authority Board

The Director of Operations reports directly to and works under the supervision of the Executive Director, Alex McDougall.

Activities for this fiscal year included:

1. Accreditation

Four Arrows RHA has been on this journey for over a year and it is expected by mid-2020 to receive our designation as a fully Accredited health organization through Canadian Accreditation Council

Who benefits from accreditation?

Leadership: Accreditation adds credibility for quality improvement, supports changes to policies and procedures, minimizes risk and helps provide more consistency of services

Staff: Accreditation engages staff in continuous quality improvement, improves safety, and streamlines onboarding through access to clear policies and procedures

Clients & Families: A good accreditation program fosters respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, values, beliefs, and preferences of clients and their family members.

Payers, funders and government: Accreditation shows accountability and a commitment to the continual process of quality improvement

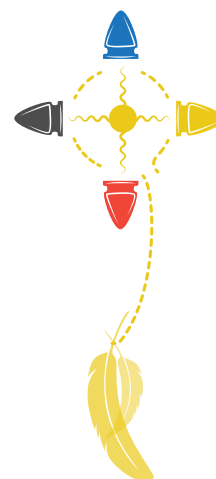
Suppliers and partners: Accreditation add to the credibility and visibility of your organization

I am currently working with an Accreditation Specialist as well inhouse support to get to this designation. Its has been challenging moving towards a change but staff and management are very dedicated and serious towards receiving this designation for our organization, which will be the first for a health organization in our region.



Laurie Wood Ducharme,
CFNHM,
Director of Operations

Director of Operations Message



2. First Nations Health Managers Training

Four Arrows RHA again has been asked to administer the program for Manitoba delegates. Raquel Koenig has been working hard with region to enroll as many as she can to take this course. As of this year and possibly years moving forward, this course is paid fully by Health Canada to grow capacity for health managers. I am happy to report that I myself have taken and received my designation as a “Certified First Nation Health Manager” as of November 6, 2018 and I encourage anyone that works within health in capacity of manager or supervisor to take this course. Very intensive but well worth the learning.

3. Health Services Integration Project: Chronic Disease Management Framework

November 2018, FARHA begin project.

Project Goal

To improve health outcome for the Island Lake Anishininew people with chronic disease and develop region wide interventions that support improved health and wellness for the Island Lake people.

Project Objective

To develop a region wide framework that enables effective coordinated and integrated planning, delivery and continuous improvement of chronic disease care and chronic disease prevention interventions for the Island Lake communities that are founded on extensive consultation and a deliberative process.

PHASE 1 AND 2

PROJECT DEVELOPMENT AND RESEARCH ON CHRONIC DISEASE IN ISLAND LAKE

PHASE 3

RESEARCH ON BEST PRACTICES FOR CHRONIC DISEASE PREVENTION AND MANAGEMENT

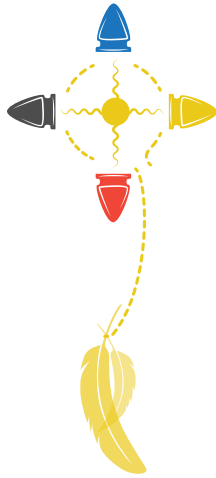
PHASE 4

PLANNING FOR IMPROVED ISLAND LAKE CHRONIC DISEASE PREVENTION AND MANAGEMENT

PHASE 5

IMPLEMENTATION STRATEGY

Chronic disease is a major health challenge in our region ... to address this widespread situation in Island Lake a framework is being developed to allow for better information and better support for those dealing with a chronic disease ... surveys and small group discussion have occurred in each committee to ensure the membership's challenges are well understood ... approaches in other jurisdictions are being reviewed in order to learn and to help develop an Island Lake approach to chronic disease ... whether diabetes, arthritis, cancer or addictions - the aim to make life better for those managing a chronic disease.



Director of Operations Message

We contracted Charlene Mason from St. Theresa Point to work with myself on this project as the Community Liaison Worker. We have completed Phase 1-3 and will be moving towards Phase 4 and 5 in the 2019/2020 fiscal year. It is planned that upon completion of the development of this framework, that we can move towards implementing a new system of how community members receive health care, whether in the communities or in urban settings.

4. Health Procurement Initiative (HPI): Indigenous Solutions Lab on Diabetes Reduction

In January 2019, FARHA began this collaborative and innovative project with AKI Foods, around how to reduce diabetes rates. We were approached by AKI to ask if the Island Lake communities would be one of the two sites to be part of what is being called "first time this has ever been done approach". After consultation with our Board and Leadership, we got the ok to participate and together with the Mi'kmaq Confederacy of PEI (Prince Edward Island) we began the process of co-leading and engaging our community members on the question "what you want if money was not an issue to combat diabetes in your community"

We contracted, St. Theresa Point member, Charlene Mason to work with communities to gather this information as the Regional HPI Coordinator. Four local coordinators were hired in late January 2019 for term to end of March 2019.

Local Coordinators for the Health Procurement Initiative assisted the Regional HPI Coordinator to organize and oversee all aspects of community consultation and ensure effective communications with all stakeholders, media and the communities of St. Theresa Point, Garden Hill, Wasagamack and Red Sucker Lake First Nations and served as the community contacts for the project.

Early 2019: Partners for Solution Lab were secured: Four Arrows RHA, Mi'kmaq Confederacy of PEI, Encompass COOP, FNIHB and the Lawson Foundation

January to April 2019: Encompass, Four Arrows and the Mi'kmaq Confederacy in partnership, led a comprehensive community engagement process to establish needs.

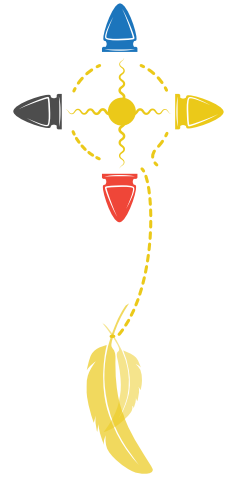
Moving Forward:

- Three Solutions Labs will take place between April 2019 to March 2020.
- March 2020, Raven Group will work on feedback from the 3 solutions Labs
- 2021 TARGET: Official launch of the Diabetes Reduction CDOC.

4. FOUR ARROWS RHA new and improved office space

July 2019 saw Four Arrows move from old location, 2nd Floor, 338 Broadway to 5th and 6th floor of same building. The move proved to be very beneficial as we outgrew 2nd Floor after almost 20 years at same location and was in need of more offices for the increasing staff. The 5th Floor houses Governance, HR/Accreditation and Finance. The 6th Floor houses, Community Health Programs as well both Local and Regional Food Security Program, rebranded as "Kimeechimanan" meaning "our Food"

Director of Operations Message



Plans in the future are to renovate Head Office located at Wasagamack Health Authority and utilize space for more community presence of Four Arrows.

5. Regional Governance:

As part of the Working Group for Regional Governance, I participated in initial discussions and attended few meetings. The goal and objective are the establishment of a Grand Council and Grand Chief. I will continue to offer my support to the working group and executive in moving this forward.

6. Other:

Aside from the above, I have also been supporting the following programs:

Foot Care, looking for space to have clinics in each community. St. Theresa Point and Wasagamack only two communities that have dedicated clinic space but continue to work on clinic space in Garden Hill and Red Sucker Lake.

I am also still involved with the **Food Security Team**. Byron and his team have been working hard to get information and awareness out but also its been noticed that others from outside our region are very interested in how to start a program. This has taken Byron and myself to some locations where we would not dare dream of going but most recently Byron did present at the "10th Annual Circumpolar Agriculture Conference", Rovaniemi Finland. This was by invitation and the response was very positive as conference participants were very interested to hear about Food Security issues in northern Manitoba, which we told, is almost the same as what they are facing. So, invitations to share our experiences and knowledge does come to our office and depending on when and where, the program does feel sharing is part of the program itself.

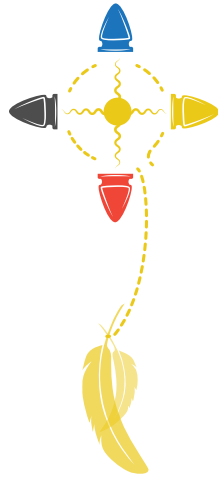
My involvement in the Wellness program, which includes Brighter Futures (BF) and National Aboriginal Youth Suicide Prevention (NAYSPS), my role has taken a more back seat approach as Tyrone and his staff, Clarence, Harold and Alvina are taking the program as their own. Empowering our teams is something I work on and encourage. I know that this group has the ability and knowledge to continue growing this program and, in the future, we would like to see this program even grow further and looking at future plans by the Manager, its well in the works. Look for growth in coming years.

With all that said, I would like to say that my role at Four Arrows RHA is very challenging and demanding at times but I always keep in mind our mission statement and who I am doing it for. I am also very thankful for my small role, I am thankful for the people I work with, including our awesome Board members, and finally I work with hope, that our work at Four Arrows RHA will see healthier members, healthier communities

Thank you.

LAURIE WOOD DUCHARME CFNHM

Director of Operations



Tribal Nursing Officer Report

Program Activities

1. **Provide advisory/consultative services, clinical guidance and professional support to Community Health Nurses, Health Directors, Nurse Managers and First Nation Employers. Includes Maintenance of essential service elements in all communities, practice and clinical practice and leadership all quality of care, support for problem solving assist with issues, risk management and liability.**

Advisory/consultative services continue to be provided on an ongoing basis to all Public Health staff including Public Health Nurses, supervisors, assistants and CHR's that are involved with Public Health programming. This also includes all information to the community Health Directors. Any correspondence that is regarding Public Health programming is directed to the communities via email, fax or telephone. Meetings and workshop held in Winnipeg every February to bring information and teachings to all health workers in the communities. All content that is being delivered is in conjunction with the program leads where they are asked for feedback. All Health Directors are invited to attend when available.



Grace McDougall, RN CFNHM
Tribal Nursing Officer

2. **Participate in the development and continuous review of competency assessment tools for nurses providing community health programs and support the assessment of entry level and ongoing nursing competencies. Participate in annual performance reviews and assist in learning plan development for nurses as it pertains to clinical nursing practices and competencies.**

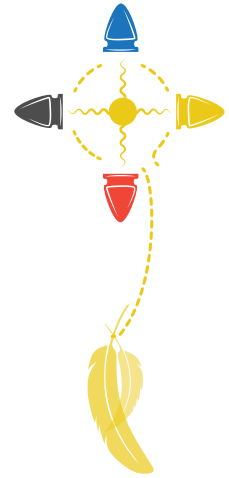
Evaluations done on any FARHA employed Public Health nurses by FARHA TNO and Human resources. Any nursing position at the FARHA office is provided the necessary orientation information pertinent to the program. Providing education teleconference information for participation. Providing orientations to nurse starting in new role and ongoing orientations to each new area as it is introduced.

All Public Health Nurses included the PH/HCCP Workshop that included speakers that related to PH practice. All are encouraged to attend educational workshops online when available.

3. **Review, develop as necessary and provide an orientation program for Community Health Nurses and Nurse in Charge – Community Health Nurses which include mentoring. Complete regular community site visits and complete chart audits ensuring compliance with clinical and professional program standards consistent with professional licensing bodies such as College of Registered Nurses of Manitoba (CRNM), and Canadian Community Health Nursing Standards of Practice**

Requirement to have completed the Immunization Exam to complete and handed in to FNIHB for correction and certification (if not certified). Newly hired nurses are provided with an initial orientation at the FARHA office.

Tribal Nursing Officer Report



This orientation includes PH and community information and finally FARHA staff info. Following this, a community visit is planned for support and immunization check off. Orientation is provided 2- 3 weeks depending on if the nurse is new to the area or already has experience. Orientation is also done with the NIC in community

Public Health:

Amanda McPherson RN:

Hired January 3, 2018 to January 7, 2019 for Wasagamack Public Health. Worked 3 weeks in and 1 week out. Unity HealthCare has been providing Public Health coverage until a Public Health Nurse is hired. They have been providing immunizations mostly in clinic and in the schools.

Foot Care Program:

Carla Flett LPN:

Hired March 31, 2018 to present

3 contract nurses hired to provide Foot Care services to:

Wasagamack – Betty Glessman
Garden Hill – Kellee Reid and Lilli Langemann

Red Sucker Lake has had no service due to no work space and no accommodations. Even though there is a new nursing station there are still presently glitches.

In Wasagamack, the Foot Care Nurse and Public Health Nurse have to share living space so they are unable to be there at the same time.

4. **Support the delivery, reporting and managing of the mandatory programs – Communicable Disease Control and advise Nurse Managers, medical Officer of Health – FNIH and Manitoba Health of diseases monitored and controlled under legislation by the Public Health Act.**

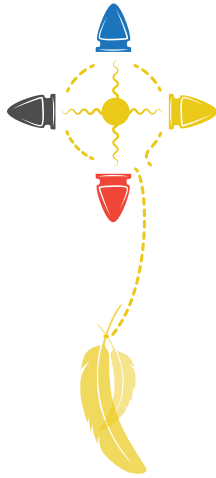
Activity reports from community PHN's handed in with hours worked.

Annual Immunization report by end of February to FNIHB submitted by PHN

Notice sent to nurses from TNO re: mandatory participation of education teleconferences related to delivery of PH program. Reminders sent to nurses via email of upcoming teleconferences.

Weekly contact to nurses in community.

Providing information requested to the community PHNs to support program delivery.



Tribal Nursing Officer Report

Contact between community PHN's, TNO and FNIHB support when needed. Ie, immunizations, updates, regarding a child's record etc.

Community Nurses participating in community events to promote public health and immunizations.

Community nurses and the use of media to promote activities in community. Example- using local television to announce immunization clinics, flu clinics, information sessions on different topics etc.

Participate with Community programs with planning Health Fairs.

5. Participate and provide leadership on the Community Health promotion and Injury/Illness Prevention (CHP/IP) nursing policies and procedures review/revision.

Nurses are continually updated of any changes in policies and procedures. Any changes in immunizations are followed up with the nurses and any teleconferences provided are to be attended. Any information provided is to be filed appropriately where all team members have access when needed.

Participation in Annual General Assembly to provide information to the communities.

6. Establish/continue a formal network for CHP/IP program staff in First Nation communities within the designated area of responsibility such as regular meetings and shared correspondence.

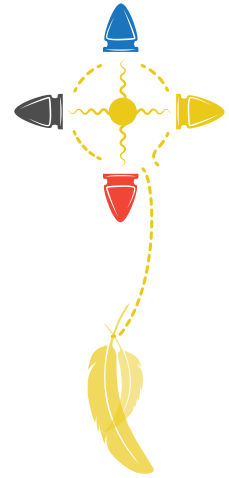
FARHA has quarterly board meetings, which include the 4 Health Directors and 1 Health Portfolio Councillor from each community. The TNO provides an activity summary report for each Board of Directors meeting for each quarter. They are also provided a summary of concerns that other organizations may have in Public Health Programming such as FNIHB. Ie, immunizations, funding, nursing concerns, etc. This provides them an opportunity to ask any questions and provide direction when needed. The Health Portfolio Councillor then provides information to their home Leadership Council and community.

7. Support community staff in program evaluation including the activities of accreditation.

During the quarterly meetings, the nurses provide detailed program updates which include activities, concerns and learning needs. Following each presentation, feedback is provided to assist where needed and to brainstorm for possible solutions to any concerns.

Completing a community immunization workplan for the communities to use as a guide.

Tribal Nursing Officer Report



Nursing Evaluation 3 months after start date and on every anniversary of start date.

Arranging travel to ensure that the nurse arrives for coverage.

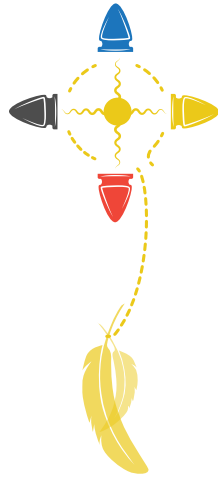
8. Coordinate communication and liaison between communities, FNIH, Regional Health Authorities, professional nursing licensing bodies such as CRNM and educational institutions.

The CRNM office is contacted when needed. FNIHB is contacted regularly regarding programming and also invited to participate in any workshops that are provided by FARHA. Program coordinators in different programs are invited to provide presentation at workshops and quarterly meetings. Community non-nursing staff that are a part of the program are encouraged to participate in the educational opportunities.

9. Participate and represent member First Nations on selected regional working groups on nursing practice and related initiatives.

Attend committee meetings at the regional level:

- MFNDLC- (Manitoba First Nation Diabetes Leadership Council) quarterly meetings to discuss and plan the Aboriginal Diabetes Initiative. Actively participate in community events with the Regional Tribal Diabetes Coordinator. Provide information from the meetings to the ADI workers.
- Manitoba First Nation Nursing Council- meetings resumed with the TNO participation as co-chair.
- TNO Meetings- presentations, discussions etc, regarding programming / concerns in the communities. Ongoing as scheduled.
- Participate/attend in any meetings as per the FARHA Executive Director
- Participate with input on MCH Program in Garden Hill
- Participate in any ongoing teleconference education sessions such as Seasonal influenza, immunization updates, etc.
- Community Health Fairs: provided information booths on: Hand Hygiene (good handwashing), Nutrition and diabetes, HIV/AIDS, Mental Health. These Health Fairs were done in Garden Hill and St. Theresa Point.



Tribal Nursing Officer Report

10. **Contribute, review and update the Tribal Council Emergency Response Plan and be familiar with each of the member Communities Emergency Response Plan.**

Called each community to check to see if they have reviewed and updated their Communicable Disease Health Emergency Plan. They are still working on it. Had previously worked with each community to complete and understand the Community Emergency Response plan. The goals were to:

- To give a review/ refresher of each community's emergency health plan and determining action plan improvements. To make changes where necessary.
- Clarifying roles and responsibilities in a low-stress, informal environment.
- To ensure that each community understand their individual roles as there are usually staff turnovers and different people in the leadership roles.

All four communities have a copy of their own Community Emergency Response Plan.

11. **Optional/Other – include other activities not included above.**

Immunization Statistics

First Nation and Inuit Health requires that Immunization Statistics are completed in December of each year to assess the immunization coverage rate. The Immunization Statistics Report is submitted to the First Nations and Inuit Health Branch on an annual basis by the communities- previously sent.

Participating in other teleconferences such as Panorama Updates and meetings, immunizations, infection control, influenza updates, RSV updates, TB information.

Attended conference for professional development; HIV/AIDS, E-Health, Infection, prevention & Control, Nursing.

Submitted Proposal put out by FNIHB for conferences in different health areas.

ADI/CPNP Report

April

- **3)** ADI & CPNP Monthly Teleconference/Goto Meetings
- **10 & 11)** New ADI Worker, Tara Monias in Garden Hill held a diabetes workshop in community. Unfortunately there was no room to stay to assist with workshop at that time.
- **28)** 14 FARHA Staff participated in the 3k & 5K Walk "Lace up for Diabetes" at Assiniboine Park.

May

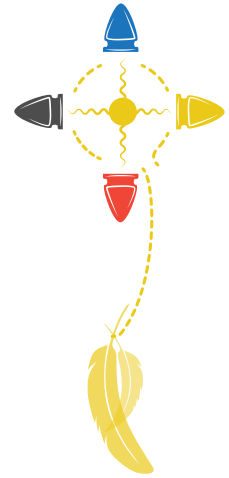
- **16-18)** Planning Session for ADI Workers to prepare for the St. Theresa Point Diabetes Conference held June 11 & 12, 2019.
- All Permanent ADI & CPNP Workers were approved and to be provided with Winter Gear (Parka, boots, and ski pants) as part of an incentive from the MFNDLC for ADI Workers to help promote footcare in the communities and also the CPNP Program received an increase this year.

June

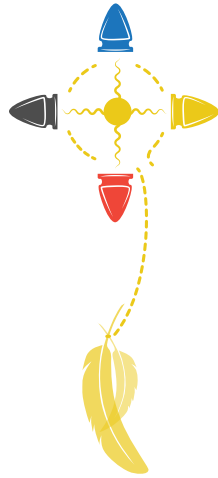
- **11 & 12)** 1st Annual St. Theresa Point Island Lake Regional Diabetes Conference. All Community ADI Workers presented on different topics in Diabetes. Byron Beardy, Food Security, Jillian Paulmark from Spirit Meter. Leah Flett, St. Theresa Point ADI/CPNP Worker did a great job of Hosting the Conference in her community. There was also box wars auction led by Byron Beardy (Auctioneer). It was a lot of fun!

July

- **15)** Signed up for the Dragon Boat Festival which happened in September 6-8, 2019. Our team name was the "FARHA BOTS" after the Transformers. We had 3 practices and competed in 3 races over Saturday and Sunday, September 7 & 8, 2019. It was difficult to get everyone to practice more than once, except a few of us who were there 2-3 practices in total. Everyone needed to be there at least 2 out of 3 practices. Not everyone who signed up were able to participate. Our practices were almost cancelled at all 3 practices. One reason for this is because we didn't have all the participants there on time. Secondly, we didn't have enough participants and we had to ask family members who were there to support them and help us as we needed 16 people just to practice. If we are competing again next year we will require all participants to be dedicated to practicing 3 or more times and meet up for warm up exercises prior to all practices.
- **30 & 31)** Helped out in the Ookwin study in Wasagamack July 30 – August 2, 2019. We had all decided to stay an extra day because our flight was delayed that day. It was meant to be a 3 day trip. Duties included taking blood draws from community members in the study, measuring height, weight, and other measurements when needed, ordering supplies and taking inventory of stock available when it's time to leave. The Wasagamack hall was nicely renovated with bathroom facilities and running water. Previous visits we were having rides to the Nursing station just to use the bathroom on an hourly basis.



Vivian Omarr, BN RN
Regional Diabetes Coordinator



ADI/CPNP Report

August

- **8)** Attended Mandatory Teaching Sweat in the afternoon.
- **10)** Helped out at the Urban Picnic at Kildonan Park
- **26-30)** Regional Diabetes Kids Camp held at Camp Assiniboia. It was a success again this year. No physical injuries occurred. We had 6 kids, ages 9-14 with 2 chaperones (ADI/CPNP/Jordan's Principle/NAYPS) from each community plus up to 8 urban kids as well. Diabetes teaching and blood sugar checks were done in the morning and during lunch. There was scheduled physical activities starting at 10 am until 3 or 4 pm.

The kids played on water slide mat, made toques, played archery, playground structures, photo group game, petting animals at their farm, picking vegetables in the garden, attended an amusement park Thunder Rapids one evening and another evening at Walmart Unicity to do label reading and do some school shopping. Kids that had no money were also given 20\$ to purchase items for themselves. Every Thursday evening and dinner with NNC Program, the kids perform to do group presentations of dance/acting competitions, so fun. Chief Dino Flett was there to watch the presentations as well.

We used Northway to bring in all of the kids and chaperones and they transported the kids all the way to the camp and also picked them up by community when it was time to leave. Northway has been very pleasant and accommodating even for some last minute changes for some going home at a later date. We also rely on River Charter who give us a special rate for our evening outings as well on both evenings. They only charge us \$105.00 per evening for 1 school bus for pick up at Camp Assiniboia and back when the activity is done.

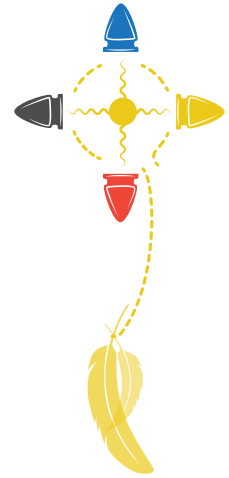
September

- **6-8)** Dragon Boat Festival. We competed in 3 races and won 1 of our races.
- **13)** Supported by the ADI Program is registration costs for Island Lake Winnipeg Recreation League for Urban Youth and another Urban Adult Sport Activity.

October

- **2-5)** Leah Flett, St. Theresa Point and myself attended the Professional Diabetes Canada Conference in Winnipeg.
- **16-18)** CPNP Geographical Training held at FARHA Office on 6th floor Boarding Room. All ADI & CPNP Workers attended except for Cheyanne Harper, Wasagamack ADI/CPNP Worker who is taking an LOA for 1 year.
- **21)** MFNCDA Teleconference held but rescheduled because we didn't have quorum.
- **22)** Bug Day at HSC, Medical Sciences Bldg.

ADI/CPNP Report



- **31)** To promote physical activity of FARHA Staff approval was given to have a monthly draw done for FARHA Staff who complete physical activities up to 30 minutes three times per week Monday- Friday using the exercise room or walking at lunch time. Sharon Flett was this months winner of a gift certificate from Lulu Lemons.

November

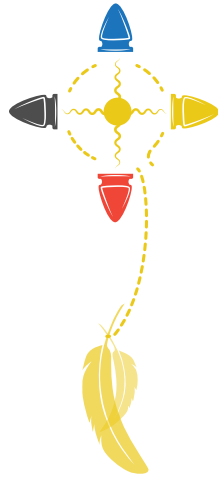
- **5-8)** ADI Geographical Training 3rd Language is Health with Foot Care Program. All ADI & CPNP Workers & Footcare Nurses attended training to work together and support each other in their communities. Marissa Harper is in a one year term as the ADI/CPNP Worker for Wasagamack. She was able to join this training. Lorie Mclean did teaching throughout and Byron Beardy directed the ADI/CPNP Workers in using Ojibwe/Cree Language for health terms and instructions for medical test and procedures and giving footcare instructions.
- **15)** All permanent ADI & CPNP Workers/Staff received Winter Gear, parka and boots and ski pants are still to be purchased. Those who received parka and boots were myself, Leah Flett, Lorna Mclellan, Paula Keno, Gloria Munroe. When Cheyanne Harper returns back to her position full time she can request it as she did not receive due to her leave of absence. Tara Monias and Marissa Harper did not receive winter gear as she is on a term position as well. This was discussed with the Executive Director, Alex McDougall prior in June, 2019 when approved for Winter Gear.
- **18)** Tribal Diabetes Coordinators Meeting all day in Headingley, MB
- **19 & 20)** MFNDLC Meeting in Headingley, MB
- **21)** Attended Dream Symposium all day at HSC, Medical Sciences Bldg.
- **20 & 21)** On behalf of ADI/CPNP/NNC, Lorie Mclean, Health Consultant was sent to Red Sucker Lake for community visit. Preparing traditional foods for sausage making and use of a meat grinder and vacuum sealer cooking session. Lorie also assisted Lorna Mclellan with seeing individual clients or group sessions as required.

Occuring and Upcoming Activities:

2019

December

- **2-6)** ADI & CPNP Quarterly Program Meeting. On the first day we reviewed and planned for our first Prenatal Lunch and Learn scheduled for December 3, 2019 from 1130-130 pm. We reviewed several St. Boniface videos that demonstrated Pregnant women being admitted to the hospital for child birth. Transporting Prenatals by cab, some will take the bus to attend the session. The ADI & CPNP workers will continue this week to complete our quarterly meeting ending at the end of day on Friday, December 6, 2019. Orientation and training provided to new ADI/CPNP Wasagamack Worker, Marissa Harper on December 7 & 8, 2019 with Lorie Mclean.



ADI/CPNP Report

- **10 & 11)** MFNCDA Meetings at Headingley, MB scheduled
- **10 & 11)** Lorie Mclean travelling to St. Theresa Point for Community Visit to work with Leah Flett, St. Theresa Point ADI/CPNP Worker to complete activities for ADI/CPNP/NNC Programs.
- **17)** Prenatal Lunch and Learn Session at FARHA Office on 5 or 6th floor.

2020

January

- **6)** Back to Work today
- **20-24)** Planning community visit in Wasagamack for ADI/CPNP/NNC to support new ADI/CPNP Worker Marissa Harper.
- **27-31)** Planning our follow-up 3 day ADI/CPNP Language is Health training with Footcare Nurses at Hecla Island Resort. Rooms have been booked. Planning still to be done.

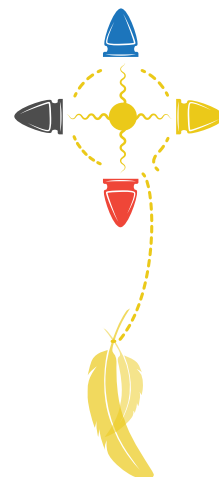
February

- **3 & 4)** MFNDLC Meeting at Headingley, MB
- **3-5)** Planning for Lorie Mclean to visit Garden Hill to support ADI & CPNP Workers in their activities, reporting and work plans.
- **5 & 6)** MFNCDA Meeting at Headingley, MB
- **21 & 22)** Healthy Moms Healthy Babies Conference in Vancouver, BC. Leah Flett, St. Theresa Point ADI/CPNP Worker and I are planning to attend this conference.

March,

- **16-20)** Planning to make a community visit to Red Sucker Lake for ADI/CPNP/NNC Program support with Lorna Mclellan, ADI/CPNP Worker.
 - » Host Prenatal Lunch and Learn Sessions twice per month regularly
 - » Travel to Communities when required to do Ookwin Study, Flu clinics, Program activities

Home and Community Care Report



The Home & Community Care Coordinator supports the community in the delivery of the HCC program- Recruitment, retention, standards of practice, professional resource, professional development. This position collaborates in the delivery of FARHA Inc. programs, provides representation regional activities- advocates recommendations based on identified needs.

This fiscal year the Home & Community Care Program has seen the funding increase at the communities and the regional office of FARHA Inc.

- HCC in Health Minister's Mandate 2017/18
- Nationally \$ 184.5 M for HCCP (includes Palliative Care) phased in over 5 years Manitoba's allocation is \$27.8 million & \$4.354 M for Palliative / end of life for total of \$32,165 M phased in over 5 years
- (Year one 17/18 proposal submission \$25,000.00, year two 18/19 \$25 000.00 added to overall funding under supportive elements, with an additional \$5000.00 for total \$30,000.00)

Caroline Bercier, RN
*Regional Home and
Community Care Advisor*

The amount each community receives will increase each year over the next three fiscal years as we seen in the initial two years. There has been no amount yet identified for the upcoming year. The initial two years have been planning and developing.

FARHA Inc. H&CC program seen an increase in funding of \$65000.00. The request from the region to the national office was successful to have the Tribal H&CC program funding increase to respond to recruiting and retention. In previous years FARHA Inc. H&CC Coordinator was required to carry the HIV/AIDS program to offset the expenses of both program coordination. The funding was received in the second quarter.

Program Activities:

Manitoba region has identified Palliative Care as a priority in Home Care program needs and this continues to be the focus regional activities and planning. The FARHA Inc. Home Care Coordinator represents the communities at the regional gathering and meeting.

- Tribal Home & Community Care & Independent Home Care Nurse Coordinators Gathering – Oct. 11-12/18
- Tribal H&CC meeting – May 9 & 10 /18, Oct 29 & 30/18, Jan.15 & 16/19
- HCC Education/Training Teleconferences – April 27/18, June 1/18, Oct 5/18, Nov.2/18, Dec.14/18, Jan. 11/19, Feb. 8/19
- RMAAT review July 27/18 (Assist community HCC programs move out of set agreements)
- CAAN Readiness Assessment Tool Facilitator Training for On-reserve Health Educators (ORHE) Aug 28-30/18

The LEAP (Learning Essentials Approaches to Palliative Care) Core from Pallium Canada was hosted for the Home Care Nurses in Wpg. on April 19-21/18. The communities of Garden Hill, St. Theresa Point, Wasagamack, Red Sucker Lakes



Home and Community Care Report

had all of their Home care nurses in attendance- 7 Home Care nurses. There were a total of 13 participants for the training overall. FARHA H&CC Coordinator also participated.

Hosted with the TNO the Home Care & Public Health Nurses Education Gathering on Sept. 25-27/19, for the 64 First Nations communities. There were 59 nurses registered. Highlights from the agenda included Dr. Raven Sinclair- Lateral Violence, Workplace Bullying, Dr. Bernice Downing PHD- IND-Equity: Moving from Benevolence to a Rights-based Nursing Approach for Indigenous Populations, Nellie Erickson – Nursing in First Nations Communities. Overall the evaluations were very positive, special acknowledgement for the cedar baths that were available to participants during the three days.

Home Care Quarterly meetings were hosted at on June 20- 22/18, Sept. 5-7, 2018 & Dec. 5-7, /18. Highlight agenda item Wellness Strategies for the Helping Professional, delivered by the Crisis & Trauma Resource Institute. Jordon Principle staff join us for this Quarterly meeting.

Community visited were completed on through out the fiscal year:

- **Garden Hill** | April 12 & 13th, 2018 re: program e-SDRT support & computer & home visits with nurse
- **St. Theresa Point** | May 2, 2018 re: Health Fair
- **Wasagamack** | June 4, 2018 re: Community team visit-continue education needs, program needs.
- **St. Theresa Point** | June 12 & 13, 2018 re: Budget review, program support and home visits.
- **St. Theresa Point** | July 9& 10th re: Program support provide- retention
- **St. Theresa Point** | August 15, 2018 re: STI presentation provide to High school youth @ health centre
- **Wasagamack** | Sept 19 & 20, 2018 re: program & chart review with HCC nurse
- **Red Sucker Lake** | Oct 9 & 10th, 2018 re: Program & chart review
- **St. Theresa Point** | Oct 12, 2019 re: program budget support
- **St. Theresa Point** | Nov. 15 & 16 re: LPN HCCP immunization exam
- **Garden Hill** | Nov. 21 & 22, 2018 re: traditional parenting presentation CPNP program
- **Wasagack** | Jan. 15 & 16, 2019 re: Public health support

Professional Development:

June 26-28, 2018 attended the National Community Health Nursing Conference in Regina, Saskatchewan. This year pre-conference was coordinated in partnership with the Canadian Indigenous Nurses Association (CINA) and The Community Health Nurses of Canada. The theme was - **Towards Reconciliation: Partnering for Health Equity**. The focus of the workshops was on trends, issues and approaches for Community Health Nurses, Indigenous Nurse and others to improve Indigenous health.

Jordan's Principle

Collaborative Community Planning/Service Activities

The last fiscal year, the Jordan's Principle CFI has grown and developed tremendously. All four communities have worked diligently to secure a physical space, hire dedicated staff and implement a case management structure to support this vastly growing initiative. Families and children are now benefiting from assessments and care plans developed in their communities by specialized services, such as OT, PT and SLP. All major stakeholders have been engaged to promote and establishes the best possible outcomes. This past year services have increased with addition funding secured through proposal driven initiatives. The addition services and supports include; Off Reserve Respite Services, Land Based Healing Fund, Urban Case Manager, Wellness Worker/Assistant Case Manager, Rehabilitation Assistant. Products, services and supports approved under Jordan's Principle include; speech therapy, educational supports, medical equipment, mental health services, and more.

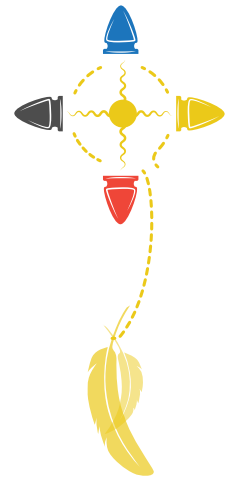
In May 2017, the Canadian Human Rights Tribunal (CHRT) ordered that the needs of each individual child must be considered, to ensure the following is taken into account under Jordan's Principle:

- Substantive equality
- Providing Culturally Appropriate Services
- Safeguarding the Best Interests of the Child

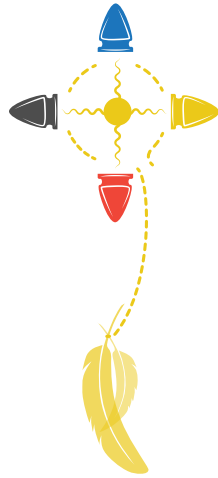
Four Arrows Regional Health Authority is committed to building better structures and funding models for the long-term. Our goal is ensure that the needs of the Island Lake children are being met in a timely and culturally appropriate manner weather it's related to health, social or education.

Activities for this Fiscal Year

- Development of Case Managers Tool Kit in The Pas
- Bear Witness Day at the Legislative Building, followed by celebration at the FARHA office
- Interviews for the new Regional Case Manager/Off Reserve
- Meeting at SSCY (Specialized Services for Children & Youth) to plan for Mobile Child Development Clinic in Garden Hill and St. Theresa Point
- Meeting in St. Theresa Point to plan with the school and MFNERC our Regional Summer Institute for the Deaf and Hard of Hearing
- FARHA Board Presentation
- Orientation for new Regional Case Manager Lucille Manoakesick
- Provided Yoga at Regional Youth Camp at the Old Post
- Attended AMC Assembly at U of W
- Provided Yoga at our Regional Diabetes Kids Camp
- Meeting with Island Lake CFS – Role Clarification/Collaboration
- Attended AFN Summit
- Regional Jordan's Principle Case Managers Workshop at the Holiday Inn



Michelle Greenslade, RN
*Jordan's Principle
Service Coordinator*



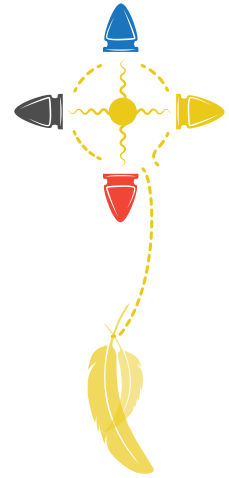
Jordan's Principle

- Meeting with Family Enhancement Coordinator/Use of Buildings in Communities
- Orientation for new Regional Mental Wellness Facilitator – Hazel Harper
- Attended First Nation Child & Family Caring Society AGM and learning session with Cindy Blackstock
- Jordan's Principle Island Lake Frontline staff training Part 1 and 2 both 1 week in duration
- Arranged for refresher training for Red Sucker Lake staff with facilitator
- Nursing Meetings
- Health Transformation Meeting/AKI Information Session
- Planning meeting for Regional Winter Camp
- Consultation with INAC/ISC for Home Modifications for Wasagamack & Garden Hill
- FARHA AGM
- Regional Jordan's Principle Gathering Garden Hill/Feast
- FIRST REGIONAL WINTER CAMP
- Quarterly Meetings with Communities
- Regional Tribal Service Coordinator meetings monthly

Future Plans for Upcoming Year!

- Increase our Respite Urban Support
- Policy and Procedure Manual
- Plan for Recreation Land Based Activities
- Work on more home modifications
- Expand our staffing both at the regional and community level
- Focus on Mental Wellness Program Development and Expansion
- Alternate Regional Winter Camp

Foot Care Report



January 2019

- Commenced Footcare Position on January 29, 2019
- Scheduled footcare nurse to work in Garden Hill FN
- Contacted another footcare nurse for contract work

February 2019

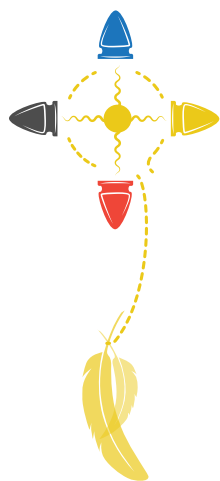
- Shop for footcare supplied with two footcare nurses
- Attended Accreditation meeting
- Nursing meeting with Health Director, Alex McDougall
- Arranged travel and hotel for St. Theresa Point footcare nurse
- Skype nursing meeting with Byron Beardy, Randy Janzen and his class



Amanda McPherson, RN
Regional Foot Care Advisor

March 2019

- AGM meeting in Garden Hill FN
- Accreditation on March 11, 2019
- Immunization in Wasagamack FN
- Jordan's Principle meeting at Victoria Inn
- Home care workshop at Canad Inn with Rose Lavallee, footcare nurse



Harm Reduction and HIV/AIDS Report

In the summer of August, 2018, the Project was successfully established at the at Four Arrows Regional Health Authority (FARHA) and is mostly comprised by community members from the Island Lake First Nation communities. The project was developed to influence the Island Lake community members by implementing an action plan to promote harm reduction strategies within their own community.

The plan was to concentrate on promoting harm reduction activities by:



Sharon Monias, LPN
Harm Reduction Nurse

- Educating the Island lake First Nation communities about HIV/AIDS
- Seek the support of the local leadership and elders on harm reduction
- Encouraging safe behaviours
- Encouraging STI and HIV/AIDS testing
- Support the First Nation health and education staff/resources to take initiative on harm reduction activities
- Partnering and networking with specialized programs to assist in the harm reduction strategy
- Provide tools and equipment to communities to enable them to create harm reduction media

How was Project implemented and what procedures were used in the project?

The Project Team

The team is comprised of Sharon Flett, LPN and Rachel Harper Health Care Aide and are employed by the Four Arrows Health Authority.



Rachel Harper, HCA
Harm Reduction Worker

The team completed the following:

1. Community visit to introduce team and project to the community leadership.
2. To provide education and awareness on harm reduction & HIV/AIDS project to the community through use of local media such as radio station and TV station announcements.
3. Setting up satellite office spaces within the various programs as made available.
4. Setting up community workshops and soliciting participants to attend
5. Recruitment of collateral resources to present at workshops.

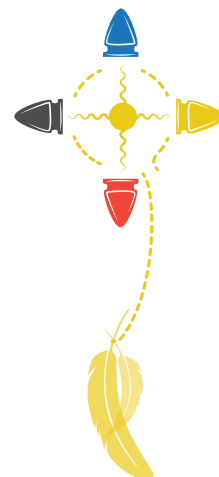
Challenges:

- Communities are fly-in communities and mostly isolated from modern day health facilities and resources.
- Myths surrounding HIV/AIDS transmissions restricted to gay and lesbians
- Travel is always subject to weather conditions. Low ceiling clouds, heavy rain and snowfall can affect the airplanes ability to land and take off.
- Travel to community can also be affected by deaths in the community as most of the services and offices are closed to respect the families affected by their grieving.

Strengths:

- Project staff are respected and qualified professionals
- Project staff are from Island Lake First Nation communities

Harm Reduction and HIV/AIDS Report



- Project staff are fluent in the Oji-Cree Language and able to communicate in both languages to the community and leadership.
- Project staff are well equipped and resourced
- Community are very receptive to project team.
- Participation of Elders

Activities to date are:

August 2018

- **Aug 27th** – Employed at FARHA for the Harm Reduction & HIV/AIDS Program Worker
- **Aug 28th-30th** – Training at the MFNAWG Workshop on Harm Reduction HIV/AIDS

September 2018

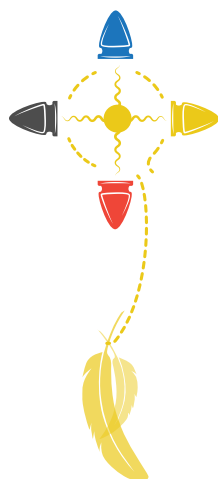
- Mostly in office researching on Harm Reduction & HIV/AIDS.
- Submitting documentations of Child/Adult Abuse Registry and Criminal Record Check.
- **Sept 25th-27th** – Proxy for Grace at the Home and Community Care Conference.
- Meetings and acquiring updates with previous HIV/AIDS & STBBI coordinator.

October 2018

- **Oct 2nd** – Budget meeting with Grace, TNO, Caroline, HCC Program, Rachel and myself, HRPW's
- **Oct 10th** – Community Engagement in Red Sucker Lake, met with the Health Staff, Norbert Flett, Band Council Member, Nick Harper, Director of Education and Wesley Harper, School Principal. Did not complete the community visit in St Theresa Point due to loss of family member. Returned back to Winnipeg on the 11th
- **Oct 15th** – Budget meeting with Mark, Finance Officer, Rachel and myself
- **Oct 16th** – Visit with St Theresa Point Health Staff, did not complete the community engagement due to loss of community member. Returned back to Winnipeg on Oct 17th
- **Oct 24-25** – MFNAWG Meeting at Swan Lake Board Room. Updates on issues with the communities i.e. Meth crisis, Dry Blood Spot Testing for HIV/AIDS, Hep C, Hep B and STBBI's. Updates on upcoming World AIDS Day and HIV/AIDS Awareness week.
- **Oct 30th** – Community engagement in Wassagamack. Met with the local health staff, Chief and Council.
- **Oct 31st** – Community engagement in Garden Hill. Met with local health staff, Chief and Council.
- Met with the communities to discuss program delivery. i.e POW, Meth Awareness, Suicide Awareness, Teen Talk.

November 2018

- **Nov 20th** – Visit to the Holistic Health Services and met with staff and the following afternoon met with the high school staff. To deliver the information of what Harm Reduction Program had to offer and how we could bring services to the community.



Harm Reduction and HIV/AIDS Report

- **Nov 21st** – Met with the Middle Years school staff. Met with the Chief & Council again to introduce our team and inform them what Harm Reduction Program had to offer.
- Planning of the upcoming HIV/AIDS Awareness Week first week in December and World AIDS Day on December 1st. HIV/AIDS Awareness Walk is usually done on December 1st.
- Planning of “Power Our Women” visit into Garden Hill & Red Sucker Lake for the end of February 2019.

December 2018

- **Dec 3rd** – HIV/AIDS Awareness Walk in Garden Hill and community participation (high school not involved). We provided scarf, toque 7 mitts (promotional items) for the participants and snacks & refreshments. And there was also a competition for the best poster on HIV/AIDS Awareness.
- St Theresa Point had cancelled the HIV/AIDS Walk due to unforeseen circumstances.
- Red Sucker Lake postponed their walk until the new year.

January 2019

- Elders were appointed from the communities to the Harm Reduction Program
- **Jan 11th** – HIV/AIDS Awareness Walk in Wassagomack, community and high school participated. Scarves, toques & mitts (promotional items) and snacks & refreshments provided.
- **Jan 16th** – Rachel and myself were in a Cannabis Webinar
- **Jan 31st** – One day HIV/AIDS Awareness activity in St. Theresa Point Health Center, we had community members attend for the HIV/AIDS presentations through out the day. Promotional items and snacks & refreshments were provided.

February 2019

- **Feb 11th** – Was in the process of preparing for Red Sucker Lake HIV/AIDS Awareness Walk and was just informed that it will be postponed until the last week of February.

Plans

- Teen Talk will be in St. Theresa Point and Wassagomack schools to do presentations.
- We will be participating in the upcoming FARHA HCC Program Conference in March 12-15, 2019.
Attend the FARHA AGM.
- Bring in Teen Talk and “POW” to Garden Hill and Red Sucker Lake in the next fiscal year.
- Bring in a Meth Awareness Presenter, Suicide Awareness Presenter, Alcohol/ Substance Abuse Awareness Presenters, etc or using local resources in the four communities.
- Red Sucker Lake requested for assistance in initiating a “Blue Light Program”. Where houses use blue light bulbs outside their doors to identify a non smoking house as soon as they submit their proposals

Youth, Health and Wellness Report

The national aboriginal youth suicide prevention strategy and the brighter futures/ building healthy communities programs, hosts such development of workshops, trainings and prevention activities in the region of Island Lake.

The strategy incorporates the best available evidence with respect to youth suicide prevention and is focused on finding ways to reduce risk factors and promote protective factors for aboriginal youth suicide. The NAYSPS activities are guided by the First Nation community that was designed through collaboration between the First Nation community, Four Arrows Regional Health Authority and Youth.

Our goal in our program is the four areas in promoting are primary prevention, secondary prevention, Tertiary prevention, and knowledge development.

The primary prevention is training gatekeepers in the communities (frontline workers, police/band constables, health care workers, social service providers, teachers, etc.), providing suicide prevention training to local professionals and community members, promoting accessible information tools, and resources on suicide alertness, increase support amongst peers and supportive networks to the communities in the Island Lake region.

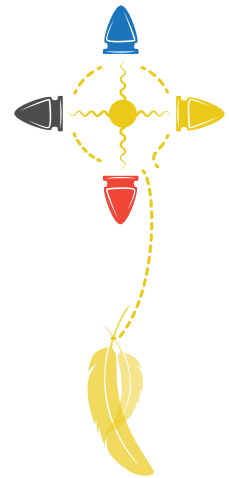
The secondary prevention is recommendations to appropriate resources and having youth involved and engage with community activities and regional events.

The Tertiary prevention is to establish plans and protocols for responding to crisis in the communities and region of Island Lake, providing professional support for communities in crisis, providing training on suicide awareness to the local professionals and community members.

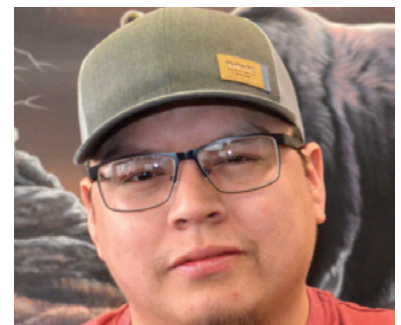
The knowledge development is to raise awareness of the stigma of suicide and developing a better understanding of suicide with our communities.

Our annual regional youth gathering was held at the Old Post campgrounds in the Island Lake region. 30 youth participants from each of the communities (Garden Hill, St. Theresa Point & Wasagamack) and 10 youth fly in to the camp to learn from our guests (resources from the city), elders and frontline workers. Fish filleting and outdoor survival skills are great learning tools to have in case of emergency or being lost in the wilderness. Many activities during the evening helps the camp leaders connect with their own group in team building and they have every team member to participate. As we closed off the camp with greetings and prayers the youth shared laughter and hugs to one day cross paths again in the future.

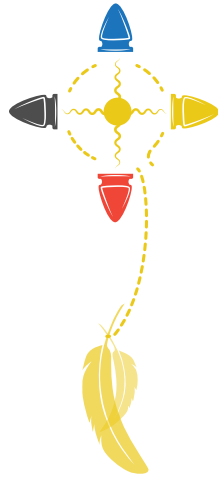
The regional soccer challenge was held in Garden Hill First Nation for a back-to-back year with a full day of competition from the 3 communities of Garden Hill, Wasagamack and St. Theresa Point. We end the day with a cookout as our staff cooked for the participants and again St. Theresa Point winning this years soccer challenge again until next year.



Tyrone Munroe
Wellness Manager



Clarence R. Flett
*NAYSPS Worker,
St. Theresa Point*



Youth, Health and Wellness Report

The Regional frontline workers gathering was held at the Old Post and the many topics we would have are mental health issues, suicide awareness and learning the signs of suicide, the increase in Opioids and prescription drug abuse and Meth, and many other discussions such as parenting skills etc. Collecting information to draft up some workshops or find any type of training that is needed for the frontline staff. Another agenda item is to develop a plan and create a crisis intervention team for the region. This will help our people in need of prevention, intervention and post-vention to the people of the communities of Island Lake.



Harold Beardy
NAYSPS Worker, Garden Hill

The regional minor hockey tournament was held during the Christmas holidays and our wellness team is part of the working group from Garden Hill First Nation. So many participants from the surrounding communities participated in the tournament.

Other local activities from the naysps workers are the dance on ice, fishing derbies for kids, addictions awareness week poster contests, floor hockey challenges, basketball tournaments, video game nights and talent shows. So many partnerships with local organizations made the activities and events a success in the communities.

Our drone is part of our program to take pictures or videos of our activities from the sky and we are also part of a search and rescue team if the community requests for our assistance.

Alvina Harper
NAYSPS Worker, Wasagamack

This year we have partnered with Manitoba Aboriginal Sports and Recreation Council to bring sports clinics to the schools and community. Creating a committee in variety of sports activities brings the community together and to be part of a group to run programs in the community. This will be ongoing with MASRC and the FARHA Wellness program to deliver the sports programs and the gain more interests in the variety of sports and recreation.

Thank you

Tyrone Munroe

Human Resources Report

New Human Resources Department

As our organization continues to grow it was necessary that Four Arrows Regional Health Authority add a designated human resources department. I am excited for this opportunity and challenge of setting up our human resources department. The Human Resources Department will serve as a strategic partner alongside of Four Arrows Regional Health Authority Inc.'s administration and staff in supporting our mission. I enjoy helping others and I see myself playing a large role in developing a positive work culture and improving employee engagement and productivity. My basic functions of HR will include recruitment, hiring, benefits administration, training and development, holiday management, safety compliance and regulatory issues.

Activities to date:

- Educating myself on policies and procedures and reviewing policy manual. Assisting with revisions to policy manual.
- Researching HR systems and time management systems.
- Reviewed the Administration Guide and have training scheduled for the next month as I will be the administrator of our Great-West Life group benefits plan.
- Orientated 1 new employee.

Accreditation

The last few months, FARHA's management and staff have been learning what accreditation is and the activities that are involved. We have been reviewing our practices and policies against national Health Standards.

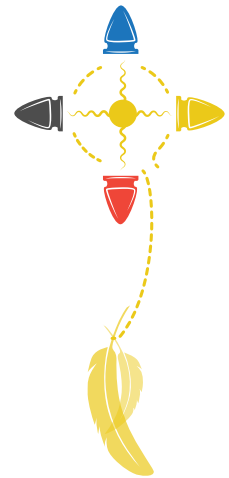
In addition to my HR responsibilities, I will be assisting our Accreditation Specialist, with guiding the accreditation activities and promoting quality improvement activities.

Certified First Nations Health Managers Training (CFNHM)

I am also the CFNHM Training Coordinator for the Manitoba region. The aim is to provide training for community -based workers, including health managers with training to improve the quality and consistency of healthcare services provided in First Nations communities. FARHA has sponsored 11 students to become Certified First Nations Health Managers. Three are from the Island Lake region. To date students have completed two sessions.

Activities to date:

- Assisted with the coordination of 2 onsite training sessions.
- Provided student support.



Raquel Koenig, BA
HR Specialist/Accreditation



Regional Food Security Report

The goal of FARHA's Regional Food Security Program is to increase food security for our First Nation communities.

Our Objectives:

- Promote and increase awareness about food security through a variety of media.
- Empower our people and communities to produce food locally.
- Promote the development, sharing, and distribution of learning resources.
- Support our people and communities by providing resources, training, and encouragement.
- Promote the continuation of traditional food sharing networks.
- Encourage eating of traditional foods.
- Advocate for changes in existing programs and policies to improve food security.
- Support promotion of healthy eating.
- Explore measures to increase healthy food options and choices in stores.
- Develop a First Nations Food Security Strategy for Manitoba.



Byron Beardy
Program Manager
Kimeechiminan



Karen Flett
First Nations Coordinator
Kimeechiminan

Jessica Burton
Program Assistant
Kimeechiminan

Larry Wood
Ookwin Study Logistics

Regional Food Security Program:

Northern Healthy Foods Initiative (Manitoba):

NHFI supports local and regional projects that contribute to the development of culturally relevant, healthy food systems, while improving health and well-being. NHFI's role is to increase access to food by working with communities and coordinating efforts aligned with the program's goals and objectives. Our strategic priorities are to:

- Strengthen strategic partnerships and collaborative efforts to support local food production and access. Partnerships are intended to increase community access to resources and opportunities, build on community development efforts, facilitate the sharing of knowledge and experiences and reflect the uniqueness of communities.
- Enhance support for local efforts, including strengthening community-led approaches that reflect cultural values.

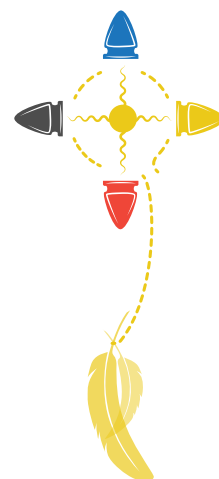
Nutrition North Canada (Health Canada):

Nutrition North Canada is a Government of Canada subsidy program to provide Northerners in isolated communities with improved access to perishable nutritious food.

Since price is not the only factor that influences nutritious choices, the NNC program is also supported by targeted initiatives supported by Health Canada and the Public Health Agency of Canada that encourage the purchase, preparation and consumption of healthy foods. FARHA's objectives within the NNC program are:

- To increase individual/community awareness around healthy eating. \To increase skills around selection & preparation of healthy foods.
- To increase retail partnerships to support healthy food choices.
- To support sharing of knowledge on traditional foods.

Regional Food Security Report



Indigenous Working Group – Nutrition North Canada (Indigenous Services Canada):

The Nutrition North Canada Indigenous Working Group (IWG) was launched in May, 2017. This working group includes 14 national and regional indigenous organizations and program officials, and will work together to co-develop options to help Nutrition North Canada work better for Northerners. Since the launch, Byron Beardy has sat as the co-chair of the IWG.

Ookwin Study (University of Manitoba):

FARHA is in its second year of partnership with the University of Manitoba's Non-Alcoholic Fatty Liver Disease (NAFLD): Defining the Impact, Severity and Natural History of NAFLD in Canadian First-Nations and non-First Nations Communities Research. The Ookwin study team has been to all four Island lake communities to and has a to-date total of 826 participants.

Summer Jobs Canada (Service Canada):

Hire youth from member first nations for the summer Food Security positions in communities. Our 2019 summer jobs program hired 5 students from both post-secondary and secondary institutions.

Practicum Students (Red River College):

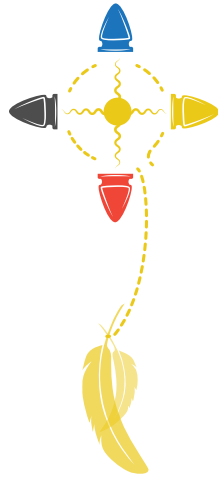
A student from Aboriginal Community Development and Business Administration joins our Food Security team for a number of weeks for exposure and experience with the administration of regional community programming.

Highlights of 2018-2019:

- Initial partnering with Aki Foods and rollout for Island Lake Health Procurement Initiative
- Start on delivering Food Safe Handling training
- Numerous Food Security presentations with FARHA-Island Lake programming focus
- Successful hosting of 2nd Indigenous Food Sovereignty Summit
- Awarded and recognized at an international research conference (Berlin, Germany)
- Presented at an international food security conference (Roveniemi, Finland)
- Tobacco planting pilot project

Moving forward:

FARHA's Regional food security work continues to work towards helping and highlighting our community's understandings of our food and food practices through the teachings and sharing of/from our Elders, traditional knowledge keepers and land-based experts. The awareness and understandings of foods within the contemporary (western) context and understanding the effects of these foods (both not good and good) is vital. We will continue to scan for partners that help our regional food security goals, objectives, plans and endeavors.



Manitoba Food Security Report

In Indigenous communities across Manitoba the nutrition transition characterized by a rapid westernization of diet and lifestyle is associated the rapid prevalence of Diabetes and its related complications. This update covers the 2018 fiscal year and highlights Food Security related projects undertaken in various communities across Manitoba.

April/May/June 2018

Community workshops:

- **Brandon University** – A Healthy Neighbourhood - Voices of Indigenous Youth Center for Aboriginal and Rural Studies
- **Roseau River Health Center** – community garden project
- **Pinaymootang School** – school workshops and school Planning workshops
- **Shamattawa Health Center** – gardening workshops and greenhouse project planning
- **Dakota Tipi Health Center** – gardening workshop and community garden establishment
- **Sagkeeng** – Katrina Rae Daycare Center - transplanting and gardening workshop
- **Peguis** – community garden planning workshop
- **Opaskewak Cree Nation** – community garden planting workshop

Leon Simard,
Manitoba First Nations Food
Security Coordinator



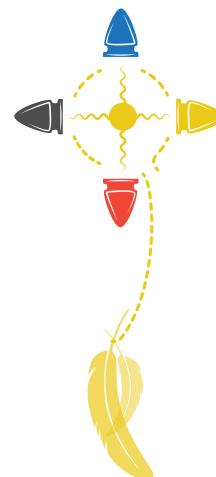
July/August/September 2018

- **Sioux Valley Health Center** – community garden workshop and transplanting session
- **Berens River Health Center** – community garden planting session
- **Poplar River Health Center** – community garden harvesting session

October/November/December 2018

- **Opaskewak Cree Nation** – garlic planting workshop and planting session
- **Sioux Valley First Nation** – garlic planting workshop
- **Waywayseecappo** – garlic planting workshop and planting session

Manitoba Food Security Report



January/ February 2019

- **Sagkeeng** – Eco Action Indigenous Planting Project - funding received from Giigewigamig Traditional Healing Center, Pine Falls MB
- **A Regional Project** with the communities of Bloodvein, Hollow Water, Little Black River and Sagkeeng First Nations.

Conferences/presentations

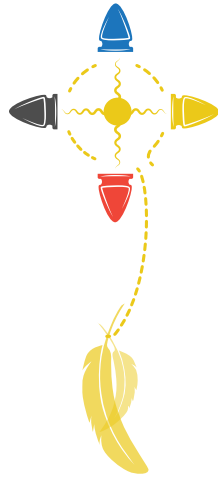
- **Dakota Ojibway Tribal Council** – ADI Quarterly Meeting - herbs and medicinal Plants workshop and information session
- **West Region Tribal Council** – ADI Quarterly Meeting - food security update
- **Northern Manitoba Food, Culture & Community Collaborative** - learning trip
- **Nelson House, MB** – presentation
- **Manitoba Region Aboriginal Diabetes Conference 2018** – presentation and conference participation
- **Eco Action Indigenous Planting Project** – workshop and presentation
- **Food Secure Canada National Conference** – Montreal, QC
Panel Presentation and sharing of Manitoba projects- including delegates from Leaf Rapids and Waywayseecappo

Conclusion



For the upcoming year I plan on being involved in several new communities, namely Leaf Rapids, South Indian Lake, Nelson House, Lake St Martin, Grand Rapids and Berens River. I have worked to assist communities to obtain funding for greenhouse and garden expansion through the Northern Manitoba Food, Culture and Community Collaborative. Several

communities have been fortunate to receive project funding for establishment or expansion of current initiatives. In addition, several communities have been awarded ongoing project funding from their original grant allocation- this support is available for up to three years.



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FARHA Staff Members



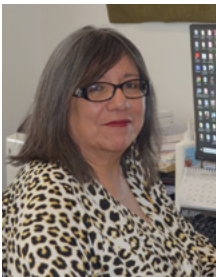
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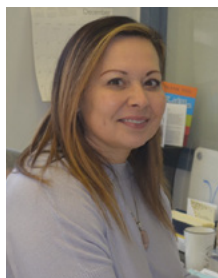
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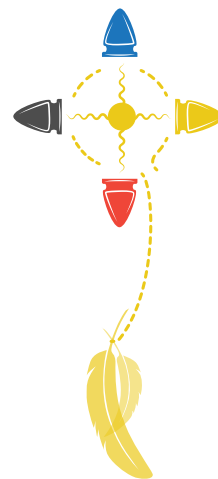
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2018-19 Financials

SIMON HALL
CHARTERED PROFESSIONAL ACCOUNTANT
WINNIPEG, MANITOBA

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors,
FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
Winnipeg, Manitoba

Opinion

I have audited the accompanying financial statements of FOUR ARROWS REGIONAL HEALTH AUTHORITY INC., which comprise the statement of financial position as at MARCH 31, 2019, and the statement of operations, statement of changes in net assets and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements present fairly, in all material respects, the financial position of FOUR ARROWS REGIONAL HEALTH AUTHORITY INC. as at MARCH 31, 2019, and its financial performance and its cash flows for the year then ended in accordance with Canadian Accounting Standards for not for profit organizations.

Basis for Opinion

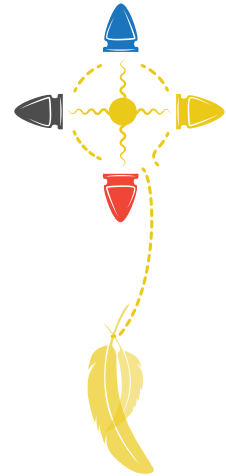
I conducted my audit in accordance with Canadian generally accepted auditing standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of FOUR ARROWS REGIONAL HEALTH AUTHORITY INC. in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of Management & Those Charged with Governance of Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations including the 4200 series of standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.



SIMON HALL
CHARTERED PROFESSIONAL ACCOUNTANT
WINNIPEG, MANITOBA

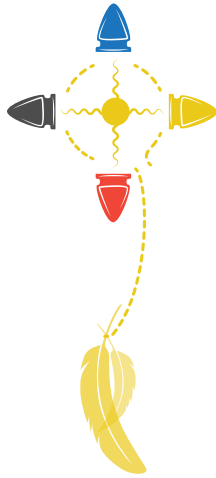
Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Winnipeg, Manitoba
October 11, 2019

SIMON HALL
CHARTERED PROFESSIONAL ACCOUNTANT



2018-19 Financials


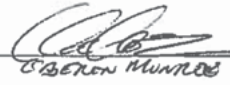

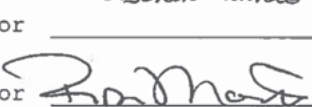



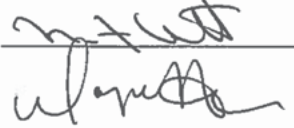
FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.

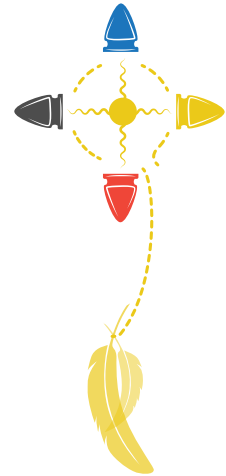
STATEMENT OF FINANCIAL POSITION

MARCH 31, 2019

	<u>2019</u>	<u>2018</u>
	\$	\$
<u>ASSETS</u>		
CURRENT ASSETS:		
Cash in bank	1,691,134	57,843
Accounts receivable (note 3)	363,991	262,839
Prepaid expense	<u>5,793</u>	<u>30,532</u>
Total Current Assets	<u>2,060,918</u>	<u>351,214</u>
CAPITAL ASSETS: (note 4)	<u>8,220</u>	<u>10,989</u>
TOTAL ASSETS	<u><u>2,069,138</u></u>	<u><u>362,203</u></u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES:		
Accounts payable & accrued liabilities (note 6)	24,896	28,786
Deferred revenue (note 7)	<u>2,086,929</u>	<u>348,103</u>
Total Current Liabilities	<u>2,111,825</u>	<u>376,889</u>
NET DEFICIT:		
Invested in capital assets	8,220	10,988
Unrestricted deficit (note 8)	<u>(50,907)</u>	<u>(25,674)</u>
Total Members' Equity	<u>(42,687)</u>	<u>(14,686)</u>
TOTAL LIABILITIES & MEMBERS' EQUITY	<u><u>2,069,138</u></u>	<u><u>362,203</u></u>

APPROVED BY BOARD:

 : Director
  : Director
 : Director
  : Director
 : Director
  : Director
 : Director
  : Director

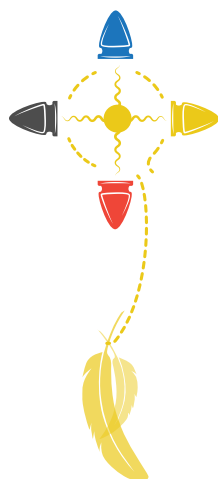


FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
SUMMARY STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2019

	<u>2019</u>	<u>2018</u>
	\$	\$
REVENUE:		
First Nation and Inuit Health		
Block funding	3,805,942	2,571,883
S.E.T. funding	264,240	264,240
Flex Funding	1,043,091	185,556
Recognized from prior period	348,104	29,500
Deferred to future period	(2,086,929)	(348,104)
Administration & other	<u>607,408</u>	<u>358,111</u>
	<u>3,981,856</u>	<u>3,061,186</u>
EXPENSES:		
Amortization	2,768	3,766
Bad debts	20,063	20,112
B.O.D. costs	66,054	38,930
Office & general	341,756	205,100
Program costs	1,042,246	790,066
Salaries & benefits	1,974,369	1,472,552
Travel & freight	<u>562,599</u>	<u>515,723</u>
	<u>4,009,855</u>	<u>3,046,249</u>
Excess/(Deficiency) of revenue over expenses	<u>(27,999)</u>	<u>14,937</u>

STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2019

	<u>2019</u>	<u>2018</u>
	\$	\$
INVESTED IN FIXED ASSETS		
Balance, beginning of year	10,988	14,754
Amortization	<u>(2,768)</u>	<u>(3,766)</u>
Balance, end of year	<u><u>8,220</u></u>	<u><u>10,988</u></u>
UNRESTRICTED		
Balance, beginning of year	(25,674)	(44,374)
Transfer (to)/from investment in assets	2,768	3,766
Annual (deficit)/surplus	<u>(28,001)</u>	<u>14,934</u>
Balance, end of year	<u><u>(50,907)</u></u>	<u><u>(25,674)</u></u>
TOTAL NET ASSETS	<u><u>(42,687)</u></u>	<u><u>(14,686)</u></u>



2018-19 Financials

FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2019

	<u>2019</u>	<u>2018</u>
	\$	\$
CASH FLOW FROM		
OPERATING ACTIVITIES		
Cash receipts from First Nations & Inuit Hlth	5,113,273	2,678,575
Cash receipts from other sources	506,256	629,194
Cash paid to suppliers and employees	<u>(3,986,238)</u>	<u>(2,993,937)</u>
Cash From Operations	<u>1,633,291</u>	<u>313,832</u>

1. FORM OF ORGANIZATION

Four Arrows Regional Health Authority Inc. is a not-for-profit organization with no share capital whose primary function is to provide health care services and education to aboriginal communities. Four Arrows Regional Health Authority Inc. derives its funding from government health agencies and is exempt from income taxes.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian public sector accounting principles for Government not-for-profit organizations. The financial statements have, in management's opinion, been properly prepared within the reasonable limits of materiality and within the framework of the significant accounting policies summarized below:

i) Fixed Assets

Fixed assets are recorded at cost in the year of acquisition. The cost of the fixed assets less any expected residual value is expensed over the assets useful life.

ii) Revenue and Expenditures

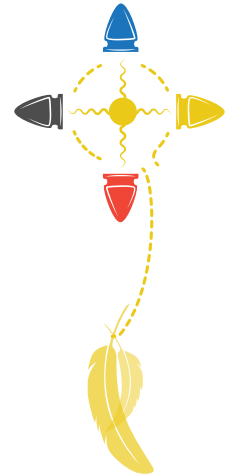
Revenue and expenditures are recorded using a full accrual system of accounting recognizing revenue when earned and expenses when incurred.

iii) Depreciation

Property and equipment are recorded at cost less accumulated amortization. Property and equipment are amortized at the following rates following the diminishing balance method of amortization:

Audio/visual equipment -	30%
Automotive -	30%
Computer equipment -	30%
Computer software	100%
Equipment -	20%
Office equipment -	20%

Depreciation is charged against Investment in Capital Assets, not against the current year operations.



FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2019

iv) Use of Estimates

The preparation of financial statements in accordance with Canadian G.A.A.P. requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amount of revenue and expenses during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the period in which they become known.

v) Financial Instruments

Financial instruments include cash, accounts receivable and accounts payable. Unless otherwise stated, it is management's opinion that the corporation is not exposed to significant interest, currency or credit risk arising from the financial instruments. Unless indicated, the book value of the corporation's financial instruments approximate their value.

3. ACCOUNTS RECEIVABLE

	<u>2019</u>	<u>2018</u>
	\$	\$
Program funding receivable	286,523	187,072
Staff loans and payroll advances	9,614	11,246
Accounts Receivable	83,485	76,647
GST Receivable	<u>67,854</u>	<u>57,581</u>
	447,476	332,546
Allowance for Doubtful Accounts	<u>(83,485)</u>	<u>(69,707)</u>
	<u>363,991</u>	<u>262,839</u>

4. PROPERTY AND EQUIPMENT

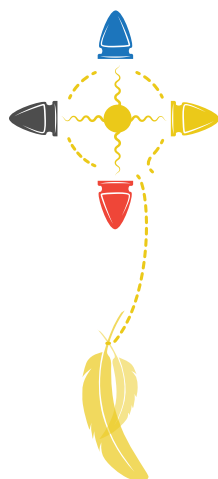
	Cost	Accumulated Amortization	2019 Net Book Value	2018 Net Book Value
Audio/Visual Equipment	30,817	30,392	425	607
Automotive	3,290	3,275	15	22
Computer Equipment	73,107	69,552	3,555	5,078
Equipment	39,902	36,463	3,439	4,299
Office Equipment	<u>29,013</u>	<u>28,227</u>	<u>786</u>	<u>983</u>
	<u>176,129</u>	<u>167,909</u>	<u>8,220</u>	<u>10,989</u>

5. BANK INDEBTEDNESS

Royal Bank. The organization has an authorized maximum line of credit of \$100,000.

6. ACCOUNTS PAYABLE

	<u>2019</u>	<u>2018</u>
	\$	\$
Accounts payables	<u>24,896</u>	<u>28,786</u>



2018-19 Financials

FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2019

7. DEFERRED REVENUE

Deferred revenue consists of revenues received in the current fiscal period that have been designated for future projects or events occurring during the remainder of the year. Future revenue consists of the following:

	<u>2019</u>	<u>2018</u>
	\$	\$
HIV	60,000	23,357
Operations & maintenance	642,757	42,557
Home & Community Care	23,000	-
Jordan's Principle	80,250	16,358
H.S.I.F.	723,694	59,582
Footcare	402,557	145,219
BFI & CPNP	33,936	7,000
AHRI - Health Manager	97,972	46,874
Tides	-	5,000
Wasagamack Community Kitchen	-	7,156
AKI Energy	22,763	-
	<u>2,086,929</u>	<u>348,103</u>

8. CONTINGENT LIABILITY

The organization receives funding from various government agencies based on specific program needs and budgets and allocates certain expenditures to the various programs. In many cases the funding agency has the right to review accounting records to ensure compliance with the terms and conditions of their funding agreements. At this time no estimate of the requirements, if any, to reimburse the agencies can be made. Such surpluses or deficits may be subject to repayment or recovery by the contributing agencies, depending on the terms and conditions of the relevant agreements.

9. ECONOMIC DEPENDENCE

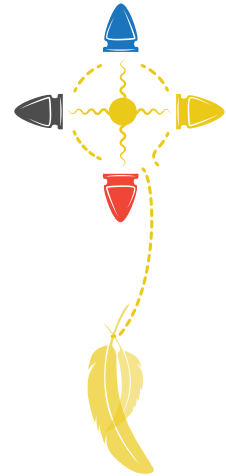
Four Arrows Regional Health Authority receives the majority of its funding (revenue) from the Government of Canada. The organization's ability to continue viable operations is dependant upon this funding.

10. LEASE COMMITMENTS

The organization has a lease with respect to its main premises. The lease provides for payment of utilities, property taxes and maintenance costs. Annual payments are in the amount of \$XXX,XXX

11. COMPARATIVE FIGURES

Some of the comparative figures have been reclassified to conform to the current year's presentation.

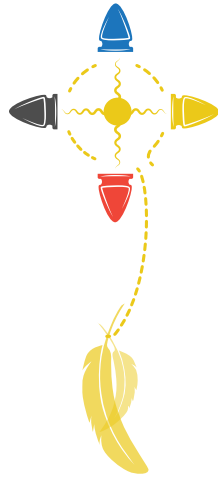


FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.

STATEMENT OF OPERATIONS - PROGRAM

FOR THE YEAR ENDED MARCH 31, 2019

		. . . March 31, 2019 March 31, 2018 . . .		
	<u>Page #</u>	<u>Revenues</u>	<u>Expenses</u>	<u>Surplus (Deficit)</u>	<u>Revenues</u>	<u>Expenses</u>	<u>Surplus (Deficit)</u>
		\$	\$	\$	\$	\$	\$
PROGRAM:							
MAYSPS (Schedule 1)	13	256,124	256,124	-	311,641	311,644	(3)
Health Canada: Block Funding (Schedule 2)	14	3,025,668	3,043,518	(17,850)	2,456,172	2,433,268	22,904
Food Security Projects (Schedule 3)	33	437,309	446,647	(9,338)	294,263	301,984	(7,721)
Food Security Winter Road/Gardening (Schedule 4)	34	24,039	24,039	-	10,500	10,744	(244)
JP Regional Therapist (Schedule 5)	35	46,673	46,673	-	-	-	-
JP Urban Coordination (Schedule 6)	35	162,999	162,970	29	-	-	-
JP Service Coordination (Schedule 7)	36	224,502	224,502	-	170,302	170,302	-
HSIF CDP Mgmt (Schedule 8)	37	36,306	36,306	-	-	-	-
PHN Wasagamack (Schedule 9)	38	<u>108,156</u>	<u>108,998</u>	<u>(842)</u>	<u>89,844</u>	<u>89,843</u>	<u>1</u>
		<u><u>4,321,776</u></u>	<u><u>4,349,777</u></u>	<u><u>(28,001)</u></u>	<u><u>3,332,722</u></u>	<u><u>3,317,785</u></u>	<u><u>14,937</u></u>



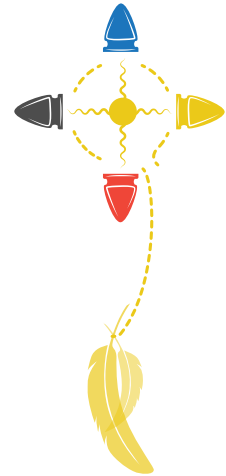
2018-19 Financials

SUMMARY STATEMENT OF PROGRAM REVENUES AND EXPENDITURES FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 1

NAYSPS

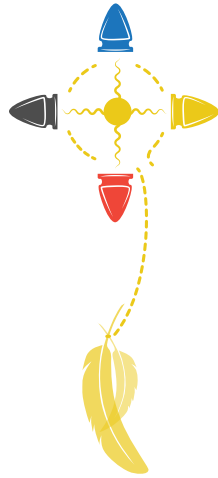
	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	264,240	264,240	264,240
Add: recognized from prior period	-	10,000	-
Other revenue	5,684	-	47,401
Inter-departmental Transfer	(13,800)	(13,500)	-
	<u>256,124</u>	<u>260,740</u>	<u>311,641</u>
EXPENDITURES:			
Administration	26,424	26,424	26,424
Fire Evacuation support	-	-	12,850
Program costs	3,598	5,514	5,354
Program workshops	53,792	105,000	56,434
Professional development	-	8,000	12,846
Travel and accommodation	53,406	5,400	98,087
Wages and benefits	<u>118,904</u>	<u>107,160</u>	<u>99,649</u>
	<u>256,124</u>	<u>257,498</u>	<u>311,644</u>
SURPLUS (DEFICIT)	<u>-</u>	<u>3,242</u>	<u>(3)</u>



FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2
HEALTH CANADA - BLOCK FUNDING

		<u>F.N.I.H.B</u>	<u>OTHER/ DEFERRED</u>	<u>2019</u> \$	<u>2018</u> \$
REVENUE:					
Health Governance	(Sch 2.1)	399,436	417,090	816,526	608,109
Primary Health	(Sch 2.2)	228,949	(69,000)	159,949	187,483
C.P.N.P.	(Sch 2.3)	230,142	(9,004)	221,138	223,342
Brighter Futures	(Sch 2.4)	161,442	(17,891)	143,551	178,768
Hlth Research-Neewin	(Sch 2.5)	-	-	-	65,000
FN Hlth Mgr Trng	(Sch 2.6)	186,053	(51,098)	134,955	77,976
Diabetes Initiative	(Sch 2.7)	362,565	(18,649)	343,916	378,565
HIV Strategy	(Sch 2.8)	211,175	-	211,175	26,392
Footcare	(Sch 2.9)	545,035	(257,053)	287,982	140,888
Home & Comm. Care	(Sch 2.10)	212,441	(38,627)	173,814	124,805
MB Food Coordination	(Sch 2.11)	121,400	-	121,400	120,120
H.S.I.F.	(Sch 2.12)	59,582	-	59,582	115,418
Accreditation	(Sch 2.13)	39,800	6,726	46,526	30,000
O & M	(Sch 2.14)	89,925	-	89,925	12,442
HCC/CDC Training	(Sch 2.15)	30,000	15,627	45,627	30,000
Food Security	(Sch 2.16)	<u>135,771</u>	<u>33,831</u>	<u>169,602</u>	<u>136,864</u>
		<u>3,013,716</u>	<u>11,952</u>	<u>3,025,668</u>	<u>2,456,172</u>

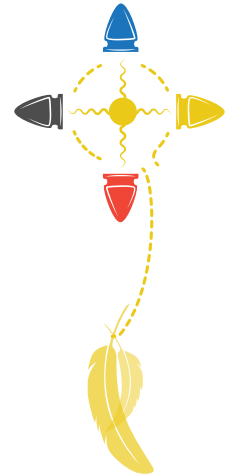


2018-19 Financials

FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2
HEALTH CANADA - BLOCK FUNDING

			<u>2019</u>	<u>2018</u>
		<u>F.N.I.H.B</u>	<u>\$</u>	<u>\$</u>
REVENUE: (Previous page)		<u>3,013,716</u>	<u>3,025,668</u>	<u>2,456,172</u>
		<u>OTHER</u>		
		<u>11,952</u>		
EXPENDITURES:				
Health Governance (Sch 2.1)			826,130	608,108
Primary Health (Sch 2.2)			159,885	176,482
C.P.N.P. (Sch 2.3)			221,138	237,082
Brighter Futures (Sch 2.4)			145,298	149,327
Hlth Research-Neewin (Sch 2.5)			-	65,000
FN Hlth Mgr Trng (Sch 2.6)			134,955	77,977
Diabetes Initiative (Sch 2.7)			348,313	378,674
HIV Strategy (Sch 2.8)			211,134	26,391
Footcare (Sch 2.9)			287,982	140,889
Home & Comm. Care (Sch 2.10)			173,813	124,804
MB Food coordination (Sch 2.11)			122,855	120,120
H.S.I.F. (Sch 2.12)			60,091	115,418
Accreditation (Sch 2.13)			46,526	30,189
O & M (Sch 2.14)			89,925	12,442
HCC/CDC Training (Sch 2.16)			45,694	33,540
Food Security (Sch 2.15)			<u>169,779</u>	<u>136,825</u>
			<u>3,043,518</u>	<u>2,433,268</u>
SURPLUS (DEFICIT)			<u>(17,850)</u>	<u>22,904</u>



FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.

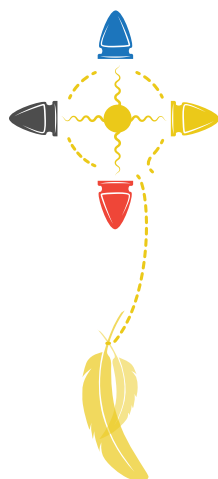
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING

FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2.1

HEALTH GOVERNANCE

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
FNIHB - Health Governance	314,436	297,954	290,393
FNIHB - Maternal Child Health	-	-	11,000
FNIHB - Health Transformation	85,000	-	-
Administrative fees	321,399	297,466	270,461
Other income	1,730	1,800	1,553
Correction of an error	24,961	-	-
Interdepartmental Transfer	69,000	38,500	34,702
	<u>816,526</u>	<u>635,720</u>	<u>608,109</u>
EXPENDITURES:			
Advertisement	771	600	500
Amortization	2,768	-	3,766
Annual General Meeting	23,875	-	146
Bad debt expense	20,063	-	20,112
Bank charges	9,342	7,000	8,341
Casual Labour	3,802	4,800	4,413
Cellular	4,049	3,600	3,629
Computer repairs & maintenance	3,584	2,600	3,716
Contracts	4,655	-	675
Correction of error	-	-	2,969
Donations	420	-	300
Dues & memberships	-	600	507
Health transformation	89,039	-	3,000
Leased equipment	29,745	13,600	14,171
Internet charges	5,084	5,700	5,711
Miscellaneous	2,535	4,800	3,342
Liability insurance	28,382	28,000	23,447
Board costs	65,317	44,000	38,930
Page Total	<u>293,431</u>	<u>115,300</u>	<u>137,675</u>



2018-19 Financials

FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2.1 continued

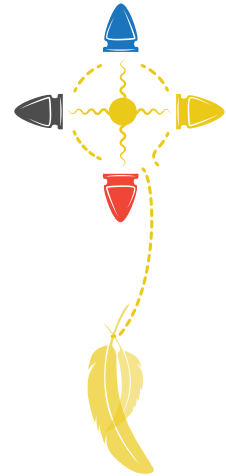
HEALTH GOVERNANCE

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
Total Expenditures carried forward	293,431	115,300	137,675
Office costs	12,327	11,920	5,684
Office furnishing	6,228	1,200	1,431
Travel & misc: Executive Director	1,613	8,000	7,154
Professional development	2,014	4,800	8,922
Professional fees	19,171	-	-
Accounting and legal	14,326	26,000	28,131
Rent and parking	41,057	54,000	54,162
Staff events	8,017	1,800	6,686
Telephone	8,384	7,600	7,463
Travel and accommodations	26,518	8,800	12,649
Wages & salaries	347,404	315,221	290,787
Wages & salaries - benefits	45,640	50,206	47,364
	<u>826,130</u>	<u>604,847</u>	<u>608,108</u>
SURPLUS (DEFICIT)	<u>(9,604)</u>	<u>30,873</u>	<u>1</u>

SCHEDULE 2.2

PRIMARY HEALTH

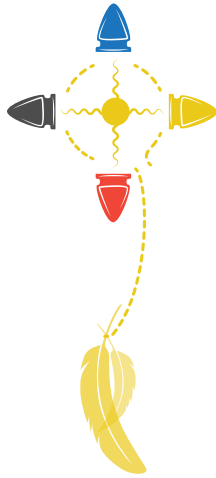
	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
FNIHB	228,949	222,184	222,185
Interdepartmental Transfer	(69,000)	(50,500)	(34,702)
	<u>159,949</u>	<u>171,684</u>	<u>187,483</u>
EXPENDITURES:			
Administrative expenses	22,895	22,218	27,362
Automobile expenses	-	-	3,687
Community events	725	8,000	2,779
Dues & memberships	918	540	547
Fire Evacuation support	-	-	20,841
Office rent/expenses	6,028	8,120	4,972
Professional fees	993	-	20
Travel & accommodation	14,552	11,000	6,844
Salaries and benefits	109,289	113,893	104,815
Program costs	3,411	6,740	3,444
Utilities & telephone	1,074	1,171	1,171
	<u>159,885</u>	<u>171,682</u>	<u>176,482</u>
SURPLUS (DEFICIT)	<u>64</u>	<u>2</u>	<u>11,001</u>



FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2.3
CANADIAN PRE-NATAL NUTRITION PROGRAM

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE :			
FNIHB	230,142	223,344	223,342
Interdepartmental transfers	(2,200)	-	-
Less: deferred to future period	(7,936)	-	-
Other revenue	<u>1,132</u>	<u>-</u>	<u>-</u>
	<u>221,138</u>	<u>223,344</u>	<u>223,342</u>
EXPENDITURES :			
Administration	19,019	22,334	27,506
Community events	-	6,500	914
CPNP Contributions	86,680	86,680	86,705
Program costs	25,140	42,170	11,571
Office costs/rent	4,320	7,320	4,320
Program workshops & meetings	10,540	-	22,920
STP Direct costs	19,231	28,519	14,376
Wages & salaries	41,128	26,520	37,104
Travel	<u>15,080</u>	<u>3,300</u>	<u>31,666</u>
	<u>221,138</u>	<u>223,343</u>	<u>237,082</u>
SURPLUS (DEFICIT) :	<u>-</u>	<u>1</u>	<u>(13,740)</u>



2018-19 Financials

FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING
FOR THE YEAR ENDED MARCH 31, 2019

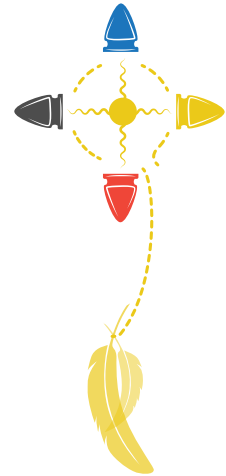
SCHEDULE 2.4
BRIGHTER FUTURES INITIATIVE

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
FNIHB	161,442	156,668	156,673
Add: recognized from prior period	-	-	7,000
Less: deferred to future period	(26,000)	-	-
Other	8,109	-	15,095
	<u>143,551</u>	<u>156,668</u>	<u>178,768</u>
EXPENDITURES:			
Administration	16,144	15,667	19,295
Urban Support	13,022	12,000	3,504
Equipment & cell phone	8,806	13,223	11,165
Program materials	424	-	34,402
Program workshops and meetings	21,270	32,000	6,628
Community events	-	4,000	500
Travel & accommodations	22,384	8,800	11,186
Wages & Benefits	63,248	72,509	62,647
	<u>145,298</u>	<u>158,199</u>	<u>149,327</u>
SURPLUS (DEFICIT)	<u>(1,747)</u>	<u>(1,531)</u>	<u>29,441</u>

SCHEDULE 2.5
HEALTH RESEARCH - NEEWIN

	<u>2019</u>	<u>2018</u>
	\$	\$
REVENUE:		
First Nation and Inuit Health	-	65,000
EXPENDITURES:		
Administration fees	-	6,500
Operating costs	-	13,791
Salaries and benefits	-	41,000
Travel & accommodations	-	3,709
	<u>-</u>	<u>65,000</u>

2018-19 Financials



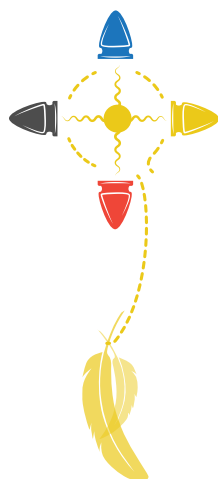
FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2.6
FN HEALTH MANAGER TRAINING

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	186,053	-	124,850
Add: Recognized from prior period	46,874	-	-
Less: Deferred to future period	<u>(97,972)</u>	<u>-</u>	<u>(46,874)</u>
	<u>134,955</u>	<u>-</u>	<u>77,976</u>
EXPENDITURES:			
Administration	23,293	-	12,485
Conference	6,205	-	-
Contracts	71,450	-	49,508
Postage & Freight	238	-	1,825
Program costs	13,702	-	9,772
Travel & Accommodation	4,795	-	4,387
Wages & benefits	<u>15,272</u>	<u>-</u>	<u>-</u>
	<u>134,955</u>	<u>-</u>	<u>77,977</u>
SURPLUS (DEFICIT)	<u>-</u>	<u>-</u>	<u>(1)</u>

SCHEDULE 2.7
DIABETES INITIATIVE

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	362,565	362,565	378,565
Inter-departmental Transfer	<u>(18,649)</u>	<u>(8,000)</u>	<u>-</u>
	<u>343,916</u>	<u>362,565</u>	<u>378,565</u>
EXPENDITURES:			
Administration fee	36,397	35,457	39,382
St. Theresa Point - A.D.I.	8,965	-	14,249
Conference costs	-	-	602
Freight	-	-	33
Health Awareness	-	8,000	3,546
Program materials	32,140	51,460	19,060
Travel & accommodation	27,441	14,000	29,664
Food Security Projects	-	6,000	22,317
Program contributions - ADI	72,713	72,713	72,764
Professional fees	6,884	-	3,897
Diabetes Camp Costs	46,381	24,000	41,340
Wages and benefits	109,537	141,367	125,490
Workshops	<u>7,855</u>	<u>-</u>	<u>6,330</u>
	<u>348,313</u>	<u>352,997</u>	<u>378,674</u>
SURPLUS (DEFICIT)	<u>(4,397)</u>	<u>9,568</u>	<u>(109)</u>



2018-19 Financials

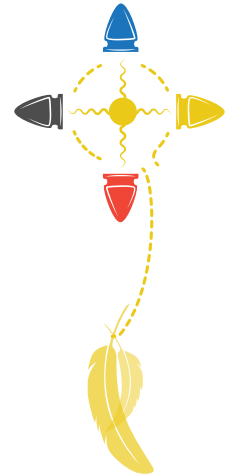
FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2.8
HARM REDUCTION

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	247,818	44,192	44,192
Other revenue	-	-	5,557
Less: Deferred to future period	<u>(36,643)</u>	<u>-</u>	<u>(23,357)</u>
	<u>211,175</u>	<u>44,192</u>	<u>26,392</u>
EXPENDITURES:			
Administration fee	24,782	4,419	4,419
Office Costs	5,299	679	-
Health Promotion & Awareness	2,662	2,000	1,913
Program materials	40,301	700	-
Travel and accommodations	30,081	8,000	4,276
Workshops	29,472	2,100	12,882
Salaries & Benefits	<u>78,537</u>	<u>25,079</u>	<u>2,901</u>
	<u>211,134</u>	<u>42,977</u>	<u>26,391</u>
SURPLUS (DEFICIT)	<u>41</u>	<u>1,215</u>	<u>1</u>

SCHEDULE 2.9
FOOTCARE

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	545,035	520,035	286,107
Other	285	-	-
Add: Recognized from prior period	145,219	149,612	(145,219)
Less: Deferred to future period	<u>(402,557)</u>	<u>-</u>	<u>-</u>
	<u>287,982</u>	<u>669,647</u>	<u>140,888</u>
EXPENDITURES:			
Administration	27,503	49,253	27,180
Contracts	46,743	-	14,197
Capital costs	15,123	177,506	-
Meeting costs	621	-	1,236
Office costs	16,450	3,571	150
Rent	4,320	4,320	-
Supplies	25,192	-	5,454
Travel & accommodations	25,029	65,000	10,820
Wages & Benefits	<u>127,001</u>	<u>324,589</u>	<u>81,852</u>
	<u>287,982</u>	<u>624,239</u>	<u>140,889</u>
SURPLUS (DEFICIT)	<u>-</u>	<u>45,408</u>	<u>(1)</u>



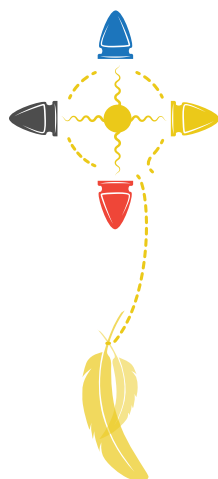
FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2.10
HOME AND COMMUNITY CARE PROGRAM

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	189,695	184,052	124,805
First Nation and Inuit Health	22,746	-	-
Interdepartmental transfers	(22,353)	-	-
Less: deferred to future period	(16,274)	-	-
	<u>173,814</u>	<u>184,052</u>	<u>124,805</u>
EXPENDITURES:			
Administration fee	21,244	18,405	12,296
Computer & Cellular	1,859	2,164	1,218
Program costs	28,459	39,023	15,388
Professional development	3,366	3,000	547
Rent	5,940	4,320	3,240
Wages and benefits	96,289	103,879	84,973
Travel and accommodations	16,656	12,000	7,142
	<u>173,813</u>	<u>182,791</u>	<u>124,804</u>
SURPLUS (DEFICIT)	<u><u>1</u></u>	<u><u>1,261</u></u>	<u><u>1</u></u>

SCHEDULE 2.11
SUPPLEMENTARY SCHEDULE OF MB FOOD COORDINATION

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	121,400	120,000	120,000
Other revenue	-	-	120
	<u>121,400</u>	<u>120,000</u>	<u>120,120</u>
EXPENDITURES:			
Administration	12,000	12,000	12,000
Community proj materials & equip	10,900	30,491	18,314
Travel	26,327	-	23,651
Wages and benefits	73,628	76,125	66,155
	<u>122,855</u>	<u>118,616</u>	<u>120,120</u>
SURPLUS (DEFICIT)	<u><u>(1,455)</u></u>	<u><u>1,384</u></u>	<u><u>-</u></u>



2018-19 Financials

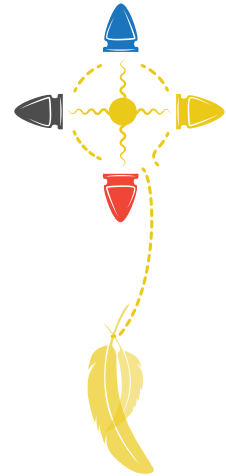
FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2.12
SUPPLEMENTARY SCHEDULE OF H.S.I.F.

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	-	-	175,000
Add: recognized from prior period	<u>59,582</u>	<u>50,194</u>	<u>(59,582)</u>
	<u>59,582</u>	<u>50,194</u>	<u>115,418</u>
EXPENDITURES:			
Administration fees	286	-	10,490
Communications	488	-	-
Equipment and furniture	5,331	-	23,005
Project evaluation	1,739	-	8,480
Staff training	-	-	80
Program supplies	1,332	4,485	1,060
Travel & accommodation	22,752	20,016	28,033
Wages & Benefits	<u>28,163</u>	<u>29,850</u>	<u>44,270</u>
	<u>60,091</u>	<u>54,351</u>	<u>115,418</u>
SURPLUS (DEFICIT)	<u>(509)</u>	<u>(4,157)</u>	<u>-</u>

SCHEDULE 2.13
ACCREDITATION

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	39,800	-	30,000
Interdepartmental transfers	<u>6,726</u>	<u>-</u>	<u>-</u>
	<u>46,526</u>	<u>-</u>	<u>30,000</u>
EXPENDITURES:			
Consultants	45,342	-	29,810
Other accreditation costs	<u>1,184</u>	<u>-</u>	<u>379</u>
	<u>46,526</u>	<u>-</u>	<u>30,189</u>
SURPLUS (DEFICIT)	<u>-</u>	<u>-</u>	<u>(189)</u>



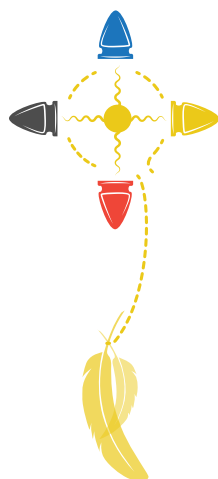
FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2.14
OPERATIONS & MAINTENANCE

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	690,125	-	55,000
Add: recognized from prior period	42,557	-	-
Less: deferred to future period	<u>(642,757)</u>	<u>-</u>	<u>(42,558)</u>
	<u>89,925</u>	<u>-</u>	<u>12,442</u>
EXPENDITURES:			
Administration	28,561	-	1,131
Contracts - Mtce	22,658	-	-
Program costs	<u>38,706</u>	<u>-</u>	<u>11,311</u>
	<u>89,925</u>	<u>-</u>	<u>12,442</u>
SURPLUS (DEFICIT)	<u>-</u>	<u>-</u>	<u>-</u>

SCHEDULE 2.15
HCC/CDC TRAINING

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	30,000	-	30,000
Interdepartmental transfers	<u>15,627</u>	<u>-</u>	<u>-</u>
	<u>45,627</u>	<u>-</u>	<u>30,000</u>
EXPENDITURES:			
Administration	3,000	-	3,000
Contracts	683	-	5,183
Venue	13,109	-	9,418
Incentives	1,942	-	7,399
Presenters	11,564	-	3,802
Travel & accommodation	<u>15,396</u>	<u>-</u>	<u>4,738</u>
	<u>45,694</u>	<u>-</u>	<u>33,540</u>
SURPLUS (DEFICIT)	<u>(67)</u>	<u>-</u>	<u>(3,540)</u>



2018-19 Financials

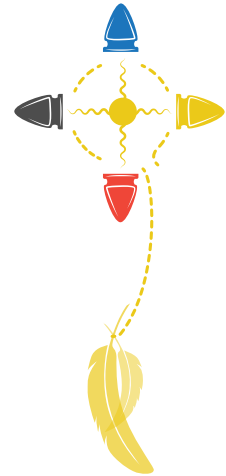
FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BLOCK FUNDING
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 2.16
FOOD SECURITY - NNC

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	135,771	135,771	135,771
F.N.H.S.S.	30,000	-	-
Other revenue	5,821	-	1,093
Interdepartmental transfer	<u>(1,990)</u>	<u>7,000</u>	<u>-</u>
Total Revenue	<u>169,602</u>	<u>142,771</u>	<u>136,864</u>
EXPENDITURES:			
Administration	13,577	13,577	13,577
Contracts	35,250	37,000	19,500
Equipment	1,094	1,171	587
Program expenses	5,574	5,498	4,939
Program workshops	5,074	-	5,542
Salaries and benefits	81,595	76,905	81,189
Travel & accommodations	<u>27,615</u>	<u>8,620</u>	<u>11,491</u>
	<u>169,779</u>	<u>142,771</u>	<u>136,825</u>
SURPLUS (DEFICIT)	<u>(177)</u>	<u>-</u>	<u>39</u>

SCHEDULE 3
FOOD SECURITY PROJECTS

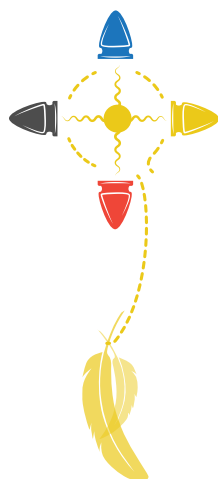
	<u>FOOD</u>	<u>HRDC</u>	<u>OOKWIN</u>	<u>A.K.I.</u>	<u>N.H.F.I.</u>	<u>TOTALS</u>	<u>TOTALS</u>
	<u>SUMMIT</u>	<u>SUMMER</u>	<u>STUDY</u>	<u>FOOD</u>	<u>CORE</u>	<u>2019</u>	<u>2018</u>
REVENUE:							
University of Manitoba	-	-	201,672	-	-	201,672	174,828
P.O.M. - N.H.F.I.	-	-	-	-	70,600	70,600	81,800
M.A.F.R.A.	-	-	-	-	-	-	9,623
A.K.I. Energy	-	-	-	51,511	-	51,511	-
Other	86,394	-	-	-	2,332	88,726	28,012
Inter-departmental TSFR	<u>24,800</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>24,800</u>	<u>-</u>
	<u>111,194</u>	<u>-</u>	<u>201,672</u>	<u>51,511</u>	<u>72,932</u>	<u>437,309</u>	<u>294,263</u>
EXPENDITURES:							
Conference costs	25,325	-	-	-	-	25,325	87
Contracts	33,951	-	53,709	10,000	2,094	99,754	53,200
Equipment	-	-	-	-	6,545	6,545	1,974
Freight	-	-	-	-	2,133	2,133	154
Program expenses	-	-	25,791	2,256	4,720	32,767	17,634
Program workshops	40,126	-	25,520	846	8,917	75,409	60,301
Travel & accommodations	21,129	-	83,336	20,659	25,557	150,681	103,782
Wages & benefits	<u>-</u>	<u>-</u>	<u>13,317</u>	<u>17,750</u>	<u>22,966</u>	<u>54,033</u>	<u>64,852</u>
	<u>120,531</u>	<u>-</u>	<u>201,673</u>	<u>51,511</u>	<u>72,932</u>	<u>446,647</u>	<u>301,984</u>
SURPLUS (DEFICIT)	<u>(9,337)</u>	<u>-</u>	<u>(1)</u>	<u>-</u>	<u>-</u>	<u>(9,338)</u>	<u>(7,721)</u>



FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 4
FOOD SECURITY - WINTER ROAD GARDENING SUPPLIES

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
P.O.M. - N.H.F.I.	12,200	-	10,500
Inter-departmental transfers	<u>11,839</u>	<u>-</u>	<u>-</u>
	<u>24,039</u>	<u>-</u>	<u>10,500</u>
EXPENDITURES:			
Equipment	1,949	-	10,744
Supplies	<u>22,090</u>	<u>-</u>	<u>-</u>
	<u>24,039</u>	<u>-</u>	<u>10,744</u>
SURPLUS (DEFICIT)	<u>-</u>	<u>-</u>	<u>(244)</u>



2018-19 Financials

FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 5

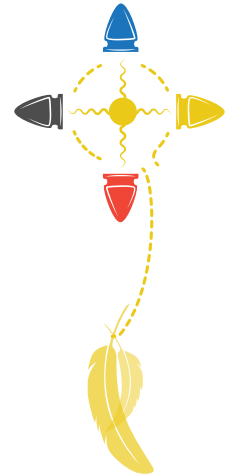
JORDAN'S PRINCIPLE - REGIONAL THERAPIST

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	125,000	125,000	-
Less: Deferred to future period	<u>(78,327)</u>	<u>-</u>	<u>-</u>
	<u>46,673</u>	<u>125,000</u>	<u>-</u>
EXPENDITURES:			
Administration	12,500	12,500	-
Community events	-	14,568	-
Contracts	-	57,851	-
Equipment	3,410	1,549	-
Office costs & supplies	5,456	6,234	-
Travel & accommodations	9,767	3,514	-
Wages and benefits	<u>15,540</u>	<u>26,633</u>	<u>-</u>
	<u>46,673</u>	<u>122,849</u>	<u>-</u>
SURPLUS (DEFICIT)	<u>-</u>	<u>2,151</u>	<u>-</u>

SCHEDULE 6

JORDAN'S PRINCIPLE - URBAN COORDINATION & RESPITE CARE

REVENUE:			
First Nation and Inuit Health	187,500	125,000	-
Transfer (to)/from JP - Service Coord	(22,578)	12,560	-
Less: Deferred to future period	<u>(1,923)</u>	<u>-</u>	<u>-</u>
	<u>162,999</u>	<u>137,560</u>	<u>-</u>
EXPENDITURES:			
Administration	18,751	12,500	-
Employee costs	69,606	72,659	-
Land based	48,119	-	-
Program costs	19,659	68,753	-
Travel and accommodations	<u>6,835</u>	<u>5,270</u>	<u>-</u>
	<u>162,970</u>	<u>159,182</u>	<u>-</u>
SURPLUS (DEFICIT)	<u>29</u>	<u>(21,622)</u>	<u>-</u>



FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 7

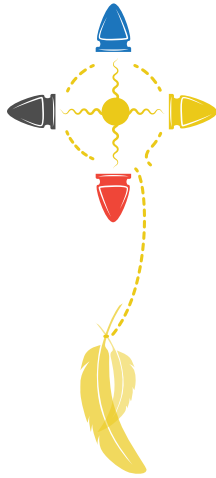
JORDAN'S PRINCIPLE - SERVICE COORDINATION

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE:			
First Nation and Inuit Health	185,566	185,556	185,556
Other	-	-	1,104
Transfer to JP - Urban Coordination	22,578	-	-
Add: Recognized from prior period	16,358	-	-
Less: Deferred to future period	-	-	(16,358)
	<u>224,502</u>	<u>185,556</u>	<u>170,302</u>
EXPENDITURES:			
Administration	18,546	18,556	18,556
Conference costs	8,210	1,118	1,593
Dues & memberships	734	-	2,562
Equipment	2,829	-	817
Misc	475	-	80
Program costs	5,661	3,953	11,780
Rent	4,320	1,609	3,240
Travel and accomodations	43,067	5,216	25,393
Wages & salaries	103,965	127,454	84,854
Workshops	36,695	6,706	21,427
	<u>224,502</u>	<u>164,612</u>	<u>170,302</u>
SURPLUS (DEFICIT)	<u>-</u>	<u>20,944</u>	<u>-</u>

SCHEDULE 8

HSIF CDP MANAGEMENT FRAMEWORK

	<u>2019</u>	<u>2018</u>
	\$	\$
REVENUE:		
First Nation and Inuit Health	150,000	-
Less: Deferred to future period	(113,694)	-
	<u>36,306</u>	<u>-</u>
EXPENDITURES:		
Administration	15,000	-
Office costs	8,215	-
Project Development	12,355	-
Travel and accomodations	736	-
	<u>36,306</u>	<u>-</u>
SURPLUS (DEFICIT)	<u>-</u>	<u>-</u>



2018-19 Financials

FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF PROGRAM REVENUES AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2019

SCHEDULE 9
PHN - WASAGAMACK

	<u>2019</u>	<u>Budget</u>	<u>2018</u>
	\$	\$	\$
REVENUE :			
Contract revenue	99,000	99,000	99,000
Contribution from TNO Program	-	8,000	-
Add: recognized from prior year	<u>9,156</u>	<u>7,000</u>	<u>(9,156)</u>
	<u>108,156</u>	<u>114,000</u>	<u>89,844</u>
EXPENDITURES :			
Administration fees	-	9,900	9,933
Contracts	3,150	-	4,874
Regional Coordination	-	-	1,128
Travel, accommodations & workshops	19,497	11,712	22,358
Program Supplies	32	-	6,297
Salary and other	<u>86,319</u>	<u>93,879</u>	<u>45,253</u>
	<u>108,998</u>	<u>115,491</u>	<u>89,843</u>
SURPLUS (DEFICIT)	<u><u>(842)</u></u>	<u><u>(1,491)</u></u>	<u><u>1</u></u>



**Four Arrows
Regional Health Authority Inc.**

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