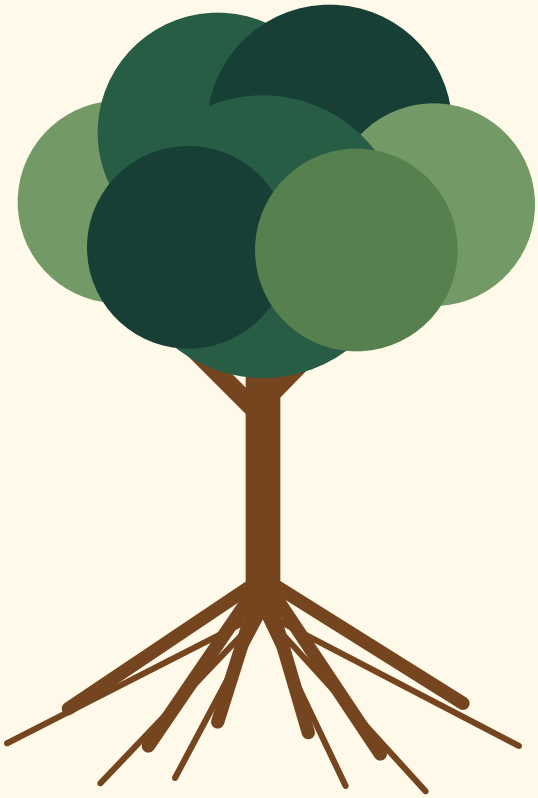
NUNEE HEALTH BOARD SOCIETY

ANNUAL REPORT

ROOTED IN COMMUNITY | GROWING IN CARE



HEALTH | WELLNESS | COMMUNITY

Care grows where strong roots and shared responsibility meet.

APRIL 1, 2025 TO MARCH 31, 2026

FORT CHIPEWYAN, ALBERTA

NUNEE HEALTH BOARD SOCIETY

TABLE OF CONTENTS

ROOTED IN COMMUNITY | GROWING IN CARE

Annual Report Overview	3
Health Director's Report	4
Board of Directors	5
Our Vision & Mission	6
Strategic Priorities	7
Human Resource Department	8
Treatment Services	9
Treatment - Systems Supporting Care	10
Treatment - Specialist Care	11
Treatment - Progress & Year Ahead	12
Public Health	13
Drinking Water Safety Program	14
Dental Outreach Program	15
Physiotherapy Services	16
Homecare - Strength, Healing & Hope	17
Wellness Program	18
Wellness Program Services	19
Wellness Community Highlights	20
Wellness Program Information	21
Medical Transportation	22
Transportation Activity	23
Access to Care	24
Facilities & Operations	25
Facilities Financial Overview	26
Investment in Facilities	27
Community Capacity & Readiness	28
Corporate Responsibility	29
Finance Team	30
Audited Financial Statements	31-33

Page references follow the order of pages in this PDF.

HEALTH | WELLNESS | COMMUNITY

NUNEE HEALTH BOARD SOCIETY

FORT CHIPEWYAN, AB

MESSAGE FROM THE BOARD CHAIRPERSON

2025–2026 ANNUAL REPORT



1 CHAIRPERSON'S MESSAGE

On behalf of the Nunee Health Board Society, I extend my sincere appreciation to our community, partners, and staff for another year of renewed focus, strengthened advocacy, and continued efforts to improve health and wellness services for Fort Chipewyan.

2 BOARD FOCUS

The Board focused on ensuring a full and active Board complement. Strong governance, accountability, experience and long-term planning remain at the center of our work as we guide the Society to meet today's needs and build for the future.

3 ADVOCACY PRIORITIES

The Board continued advocacy with federal and provincial governments, Indigenous Services Canada, and Alberta's Indigenous Health Division. Our focus is on partnership, timely responses, sustainable funding, and practical solutions for an isolated northern community.

- Improve access to diagnostic services
- Health workforce recruitment & retention
- Staff housing
- Strengthen nursing & treatment services
- Address medical travel, mental wellness, cancer care, diabetes, youth wellness & addictions

4 KEY ACHIEVEMENT

A commitment has been secured for a new triplex staff housing unit, anticipated by the end of **January 2027.**

Staff housing is essential to supporting recruitment and retention of health professionals in Fort Chipewyan.

5 LEADERSHIP MEETING

In February 2026, the Board hosted a Leadership Meeting with Board members, community leadership, and government representatives to discuss shared priorities, service gaps, and coordinated action for better health outcomes.

6 COMMUNITY RECOGNITION

Our Health Director, **Gloria Fraser,** was honoured with the **Esquao Award in Health and Medicine.** Raised in Fort Chipewyan, Gloria is a registered nurse and a respected role model whose leadership and dedication inspire our community.

7 LOOKING AHEAD

We remain committed to strong governance, respectful partnerships, and continued advocacy for our local health priorities. Together, we will meet today's needs while planning for a healthier future for Fort Chipewyan and future generations.

8 APPRECIATION

Thank you to the Board of Directors, Health Director, staff, community leadership, Elders, and partners. Your dedication, knowledge, and partnership make a real difference in the health and well-being of our community.

> *"Together, we remain committed to advancing local priorities through strong governance, respectful partnerships, and persistent advocacy."*

Respectfully,

Tim Flett

Board Chairperson (Elder Representative)
Nunee Health Board Society



Stronger Together. Healthier Today. Healthier Tomorrow.

HEALTH DIRECTOR REPORT BY GLORIA FRASER

LEADERSHIP, ADVOCACY, ACCOUNTABILITY AND COMMUNITY PRIORITIES

PROGRESS THROUGH PARTNERSHIP

Nunee Health continued to advance community priorities through advocacy, intergovernmental relationships, sound governance and focused planning for local services.

01 HOUSING PROGRESS

Funding was secured for a new staff triplex. Planning included site readiness, permits, water and sewer design, landscaping and transportation of construction materials.

02 LEADERSHIP ADVOCACY

Community leaders brought housing, diagnostic imaging, cancer care, mental health and nursing priorities directly to provincial and federal representatives.

03 COMMUNITY ACCOUNTABILITY

The Annual General Meeting had strong community participation. The audit and financial report were presented to support transparency and informed dialogue.

04 STRONG GOVERNANCE

The Board continued to provide financial oversight, strategic direction and support for decisions aligned with community priorities.

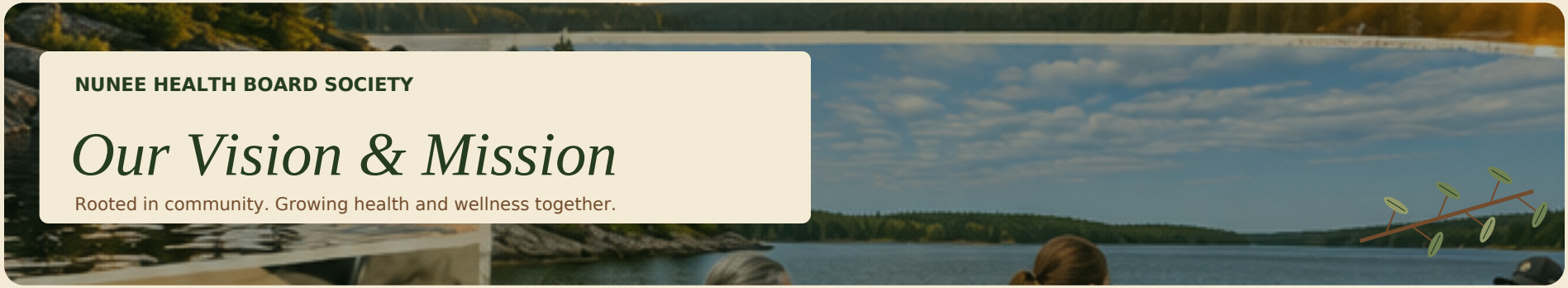
ADVANCING LOCAL HEALTHCARE ACCESS

- **DIAGNOSTIC IMAGING** Formal advocacy, technical room assessment and engineering work advanced planning for local X-ray and ultrasound services.
- **NURSING CAPACITY** Financial review and intergovernmental discussions focused on equitable funding for mandatory 24/7 nursing services.
- **STAFF SAFETY** Three years of funding was committed for 24/7 security services, and security personnel were hired.
- **COMMUNITY-INFORMED CARE** A site visit explored an Indigenous culturally appropriate primary-care delivery model.

Nunee Board of Directors

as of April 16, 2025

- **Donna Aubichon**
  Fort Chipewyan Metis Representative
- **Shavelynne Chapdelaine**
  Youth Representative
- **Tim Flett**
  Chair - Elder Representative
- **Russell Kaskamin**
  Mikisew Cree First Nation Representative
- **Michelle Voyageur**
  Athabasca Chipewyan First Nation Representative
- **Juanita Whitehead**
  Mikisew Cree First Nation Member at Large



NUNEE HEALTH BOARD SOCIETY

Our Vision & Mission

Rooted in community. Growing health and wellness together.



Our Vision

Empowered community for optimal health and wellness

A future where people feel supported, connected and empowered in their health.

Our Mission

To provide compassionate, exceptional care and promote optimal health and wellness through:

- Meaningful engagement with the client, family and community
- Education and advocacy
- Continuous quality improvement and seamless collaboration with stakeholders and partners

STRATEGIC PRIORITIES

LEADERSHIP BRIEFING UPDATES

1 X-RAY AND DIAGNOSTIC IMAGING

Technical assessment of the existing radiography room; proposed equipment and workload definition; architectural, shielding, electrical, structural and HVAC readiness review; planning for a comprehensive recommendations report.

2 PROVINCIAL SERVICE DISCUSSIONS

The Province was asked to support radiologist reading costs and staffing. Nunee also explored a joint X-ray/lab position and learned from another Indigenous health delivery model.

3 NURSING RECRUITMENT AND RETENTION

A historical funding deficit in mandatory 24/7 nursing was presented. Comparative service models and management approaches were reviewed, with regular meetings committed.

4 STAFF HOUSING

A $1.5 million staff-triplex funding request was submitted. Subsequent materials confirm project funding and active delivery planning.

5 JORDAN’S PRINCIPLE

A letter of support was received for reimbursement of services provided to First Nations children and families. Funding and reimbursement criteria remain under review.

6 MEDICAL TRANSPORTATION EQUITY

Advocacy continued for Métis and non-status residents, including review of historic agreements and previous provincial funding arrangements.

7 DETOX AND TREATMENT ACCESS

Nunee raised the shortage of detox beds and barriers to access and requested community-level discussions with health partners.

8 LOCAL WORKFORCE DEVELOPMENT

Future planning includes promoting education and career pathways for local people to deliver diagnostic-imaging services.

NEXT STEPS

Continue regular reporting to the Board and Leadership; advance diagnostic-imaging readiness; maintain nursing and housing funding follow-up; pursue medical-transportation equity; and continue advocacy for detox and culturally appropriate primary care.



HUMAN RESOURCE DEPARTMENT

Supporting Our People. Strengthening Our Community.

OUR TEAM POSITIONS

- 1 – Health Director
- 1 – Assistant Health Director
- 1 – Executive Assistant
- 1 – Finance Coordinator
- 1 – Human Resource Coordinator
- 3 – Administrative Assistants
- 1 – Finance/Admin Assistant
- 1 – Admin Floater
- **1 - Wellness Manager**
- 2 – Wellness Workers
- 1 – Indian Residential Support Worker (Contract)
- 1 – Land Based Cultural Worker
- 1 – Elders Van Driver
- 1 – Nurse in Charge
- 2 – Treatment Nurses
- 1 – Home Care Nurse – Vacant
- 1 – Home Care LPN
- 2 – Health Care Aides
- 1 – Pharmacy Clerk
- 1 – Community Health Representatives
- 1 – Maternal Child Health Worker
- 2 – Medical Transportation Clerks
- 1 – Medical Transportation Driver
- 1 – Filing Clerk
- 3 – Custodians
- 4 – Security
- 2 – Maintenance



THE HEART OF NHBS

NHBS is held together and fully functions because of our employees who work within our organization. Our staff are the heart and soul of Nunee Health. They are dedicated, caring individuals who all work together to ensure that we provide the best services possible to our community.

TREATMENT SERVICES

Emergency care, primary care support, laboratory services, community nursing and specialist outreach in Fort Chipewyan.

Treatment Services delivered emergency and primary care, laboratory services, community nursing, and specialist outreach. The department worked to expand care available in Fort Chipewyan and reduce avoidable travel while operating in a remote northern community.

Clinical activity

Reported activity	Fiscal year total
Treatment visits	4,594
Emergency and urgent visits, daytime and after hours	1,672
Physician and Nurse Practitioner appointments	1,496
Laboratory blood draws	480
Medevac transfers	149
Total providers	12

The clinic typically managed 300–400 patient encounters per month, including laboratory services; this estimate excludes physiotherapy and massage therapy. It coordinated about 10–12 medevacs monthly to tertiary care in Edmonton, Fort McMurray, and Grande Prairie. Figures above are reported activity categories and should not be added together.

Care available locally

- Emergency assessment, stabilization, transport coordination, diagnostics, laboratory testing, and intravenous therapy.
- Home care support, chronic disease management, prenatal and palliative care, and community nursing.

Primary Care Network partnership

Monthly Fort McMurray Primary Care Network visits include a Registered Respiratory Therapist and Registered Dietitian. Respiratory care supports people with COPD, asthma, congestive heart failure, and other chronic pulmonary conditions.

Clinic staff coordinate referrals, laboratory work, and appointments. The partnership supports respiratory assessment, monitoring, patient education, earlier intervention, and less specialist travel.

TREATMENT SERVICES

The systems that support care

Connect Care and information sharing

The clinic submitted its application for Connect Care access. Custodial access documentation continued with Alberta Health Services and planning continued for provincial workflow integration. Full access remains in progress; it was not reported as complete.

- Expected improvements: referrals, laboratory requisitions, imaging requests, specialist communication, follow-up coordination, and continuity of care.

Reliable connectivity

Internet reliability remains a major operational challenge. Electronic medical records, Netcare, faxing, scanning, virtual consultation, and provincial systems depend on stable service. Starlink backup internet was secured, with secure VPN configuration, network integration, and provincial connectivity requirements still being completed.

Proposed local diagnostic imaging

Discussions with Alberta Health Services continued on an in-community service with permanent x-ray equipment, a rotating imaging technologist, and local physician access. This remains a proposed model.

Local imaging could reduce unnecessary transfers for abdominal pain, suspected fractures and sprains, chest or facial imaging, shoulder and hip pain, knee injuries, musculoskeletal conditions, and chronic pain assessment.

Staffing and provider coverage

Clinic coverage	Reported arrangement
Registered Nurses	Two full-time RNs daily
Advanced Care Paramedics	Two daily
Nurse Practitioners	One rotating NP (two weeks in, three out); two additional NPs for after-hours coverage
Physicians	Six rotating physicians; a seventh planned for the rotation; one-week community rotations
On-call provider system	11 providers, increasing to 12; evenings, weekends, holidays, and daytime when a physician is not present

Consistent Nurse Practitioner coverage strengthened continuity, chronic disease management, follow-up appointments, and reduced emergency department use. The on-call model supports continuous consultation and emergency decisions.

TREATMENT SERVICES

Specialist care and bedside tools

Kidney Check Program

The Kidney Check team returned to reassess patients and provide education and ongoing chronic kidney disease monitoring.

Hepatology outreach

Dr. Sam Lee, a Calgary hepatologist, visited the clinic. Of 54 patients booked, 45 were assessed despite weather-related travel delays. Portable liver elastography supported point-of-care assessment, earlier identification of chronic liver disease, fewer referrals, staff education, and community education.

The clinic coordinated patient scheduling, laboratory tests, daily specimen transport, and laboratories in Edmonton and Fort McMurray. Dr. Lee remains a specialist resource for the clinic.

Internal Medicine outreach

The clinic established a relationship with Dr. Yolande Westra, who provides outreach across northern Alberta and expressed interest in adding Fort Chipewyan to her schedule. The team began identifying patients, laboratory investigations, and referral processes for future clinics. This service was in planning, not reported as a completed regular clinic.

Expected benefits include earlier consultation, better chronic disease follow-up and continuity, and less travel to Edmonton or Fort McMurray.

Point-of-care ultrasound

The handheld Clarius system assists physicians with fluid assessment, musculoskeletal injury and soft tissue evaluation, and procedure guidance. It supports bedside decisions and may reduce transfers. It is an adjunct to clinical assessment and does not replace formal imaging.

Partnerships

The year’s work involved Alberta Health Services, the Fort McMurray Primary Care Network, visiting specialists, referral centres, and the multidisciplinary Treatment Services team.

TREATMENT SERVICES

Progress and the year ahead

Progress during the reporting year

- Expanded specialist outreach and allied health collaboration.
- Improved physician and Nurse Practitioner coverage.
- Continued work toward Connect Care access and local diagnostic imaging.
- Expanded use of handheld ultrasound at the bedside.
- Worked with partners to reduce unnecessary travel when clinically appropriate.

Priorities ahead

- Complete Connect Care implementation.
- Establish local x-ray services, subject to the proposed service model and required arrangements.
- Expand Internal Medicine outreach and continue Hepatology clinics.
- Explore pediatric specialty clinics and regular Psychiatry outreach.
- Strengthen chronic disease management programs.
- Increase point-of-care ultrasound use.
- Continue recruiting healthcare providers and specialists.

Care close to home

Treatment Services continues to build care around Fort Chipewyan residents. Local clinical coverage, visiting specialists, stronger systems, and partnerships are intended to improve timely access to safe care closer to home.

Source: Treatment Services annual report. Counts and service status are reproduced from the supplied report.

NUNEE HEALTH BOARD SOCIETY

FORT CHIPEWYAN, AB

ANNUAL REPORT FOR BLOCK – PUBLIC HEALTH

Fiscal Year: April 1, 2025 – March 31, 2026

Prepared by: Ysza Denrobium Haro BScN, RN , PHN



OUR PUBLIC HEALTH TEAM

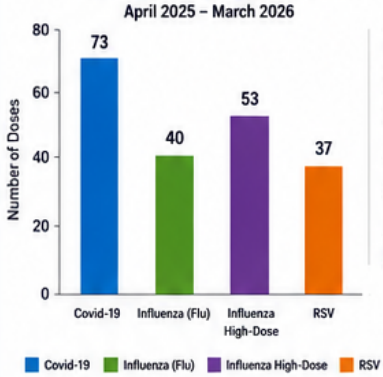
The Public Health department at Nunee consists of a Registered Nurse working in collaboration with Maternal-Child Health workers, Client Health Representatives and Health Promotion.

Ysza Denrobium Haro	Brenda Bourke	Elsie Flett	Pam Gibot
RN, BScN, PHN	Maternal-Child Health (MCH)	Client Health Representative (CHR)	Health Promoter
Joined July 2025			

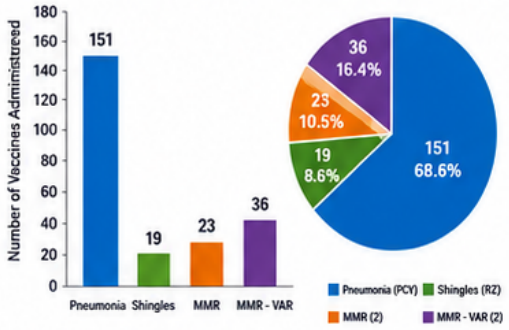
Public Health programming is designed to promote health and prevent illness, and includes Immunization, TB Surveillance, Anti-smoking campaigns, Maternal and Newborn health, Communicable Disease Emergency, and STBBI.

IMMUNIZATION

DOSES OF VACCINES ADMINISTERED
April 2025 – March 2026



VACCINES ADMINISTERED IN 2025–2026



EXPLANATION:
A total of 220 vaccines were administered in 2025–2026 across four different types.

- Pneumonia vaccine had the highest number with 151 doses (68.6% of total).
- Shingles vaccine had the least number with 19 doses (8.6% of total).
- MMR vaccine accounted for 23 doses (10.5% of total).
- MMR - VAR vaccine accounted for 36 doses (16.4% of total).

This shows that Pneumonia vaccine was the most administered, while Shingles vaccine was the least.

Total Vaccines Administered
220

COMMUNICABLE DISEASE EMERGENCY (CDE)

Public Health is responsible for leading the response to communicable disease emergencies. It also monitors respiratory illnesses during influenza season, while promoting public education on hygiene practices to reduce transmission. In addition, Public Health encourages immunization against respiratory illnesses such as COVID-19, influenza, RSV, and pneumococcal disease.

A measles outbreak was declared in March 2025, and an immediate response was initiated, including a review of immunization records and public notification. Information was shared through the Nunee Facebook page and newsletter, promoting many residents to contact Public Health to confirm their immunization status and schedule appointments.

TB (TUBERCULOSIS)

TB is a serious infectious disease that primarily affects the lungs but can also impact other parts of the body.

- Public Health collaborates with TB Central Services for testing, follow-up and treatment.
- Regular monitoring helps identify potential health risks, ensures compliance with safety regulations, and supports timely corrective actions.
- Mondays are water collection day from designated reserves within the community.
- No active cases of TB occurred this year in Fort Chipewyan.

STBBI (SEXUALLY TRANSMITTED & BLOOD BORNE INFECTIONS)

The STBBI Test and Treat Program connects communities to provincial STI services and provides testing, treatment, care, and support to minimize risks and improve health outcomes.

- Public Health and Treatment staff work with Partner Notification Nurses and STI Central Services.
- Confidential testing and treatment appointments available at the clinic.
- Condoms are available at the clinic.

POSTNATAL AND NEWBORN ASSESSMENTS

We support mothers and babies to ensure recovery, identify complications, and build confidence in caring for their newborns.

- Breastfeeding support
- Recognizing signs of illness
- Safe sleep practices (Back to Sleep campaign)
- Keeping infants and toddlers safe

We also provide helpful supplies such as:

- Baby gates
- Oral care items
- Humidifiers
- Car seat
- Diaper bag with essentials

12 Babies were born from April 2025 – March 2026

CANNING & CROCKPOT COOKING CLASSES

Run by our MCH and CHR, these programs teach the science of food preservation and practical skills to use in home kitchens.

- Extend the shelf life of food
- Reduce food waste
- Promote healthy, preservative-free eating
- Support prevention of chronic diseases such as obesity, diabetes, and hypertension

FOOT CARE CLINICS

Foot care helps prevent problems such as fungal infections, ingrown toenails, calluses, blisters, and more serious complications—especially in individuals with diabetes or circulation issues.

- Offered weekly by trained Home Care staff
- Walk-ins welcome if time permits
- Helps prevent infections and ulcers
- Supports long-term mobility and overall health

TOBACCO: VAPING AND SMOKING

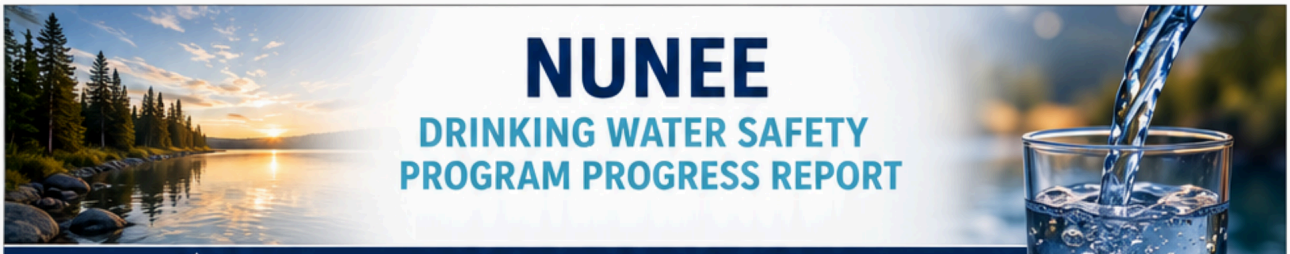
Vaping and smoking are preventable habits that can lead to significant lung chronic, respiratory disease, and even cancer.

We promote smoke-free living and provide education on the risks of tobacco use and second-hand smoke.

We encourage cessation and provide resources to support quitting.

Protect your lungs. Protect your future. Choose a healthy, smoke-free life.

Together, we promote health, prevent illness, and build a stronger, healthier community.



NUNEE

DRINKING WATER SAFETY PROGRAM PROGRESS REPORT

Monitoring today. Protecting tomorrow. Strengthening our community.

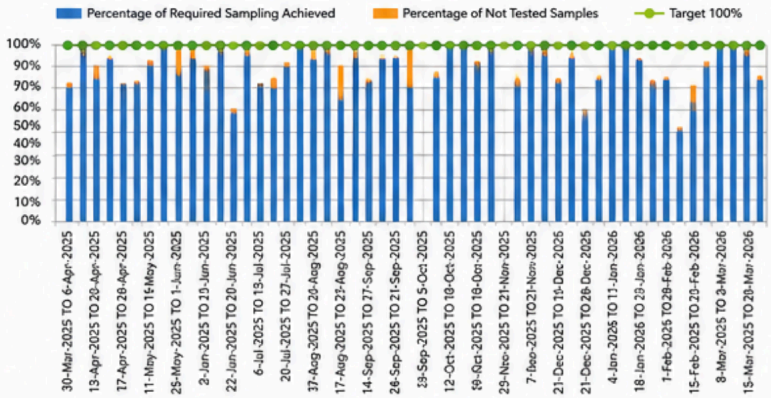
Monitoring of drinking water quality is essential to protect the health of your community members. Environmental Public Health Services (EPHS) works with First Nation communities to ensure public and semi-public water supplies are monitored on a scheduled basis for microbiological and chemical parameters.

(A) ROUTINE SAMPLING AND TESTING PUBLIC AND SEMI-PUBLIC WATER SYSTEMS

The graph below illustrates the overall sampling goal, the percentage of routine weekly sampling achieved, and any samples that were not test by the lab. This progress report is intended to provide feedback on progress and identify areas of improvement.

For this reporting period, your community achieved **83% SAMPLING COMPLIANCE.**

ROUTINE WATER TESTING, APRIL 2025 TO MARCH 2026:



EPHO COMMENTS: Keep up the great work!

(B) NOT TESTED SAMPLES

As indicated in the above graph, the following water samples were sent to the Provincial Laboratory for testing but were not tested for the following reasons:

WEEK OF WATER SAMPLE	NUMBER OF NOT TESTED SAMPLES	NOT TESTED REASON
19-May-2025 TO 26-May-2025	2	The sample was received more than 24 hours after collection.
17-Aug-2025 TO 24-Aug-2025	1	The sample was received more than 24 hours after collection.
14-Sep-2025 TO 21-Sep-2025	2	Sample was received more than 6 hours after collection without coolant.
15-Feb-2026 TO 22-Feb-2026	1	The sample was received more than 48 hours after collection.



(C) WATER TRUCK MONTHLY SAMPLING

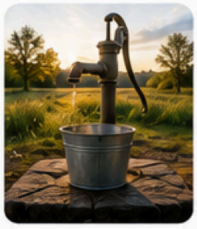
The chart below indicates the monthly routine water sampling of water trucks used to deliver water in the community.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Dog Head 218	1	1	1	1	0	0	0	0	1	1	0	1

(D) YEARLY SAMPLING REQUIREMENTS – PRIVATE WELLS AND CISTERNS

The table below indicates the number of wells or cisterns that have had at least one sample from April 1, 2025 – March 29, 2026.

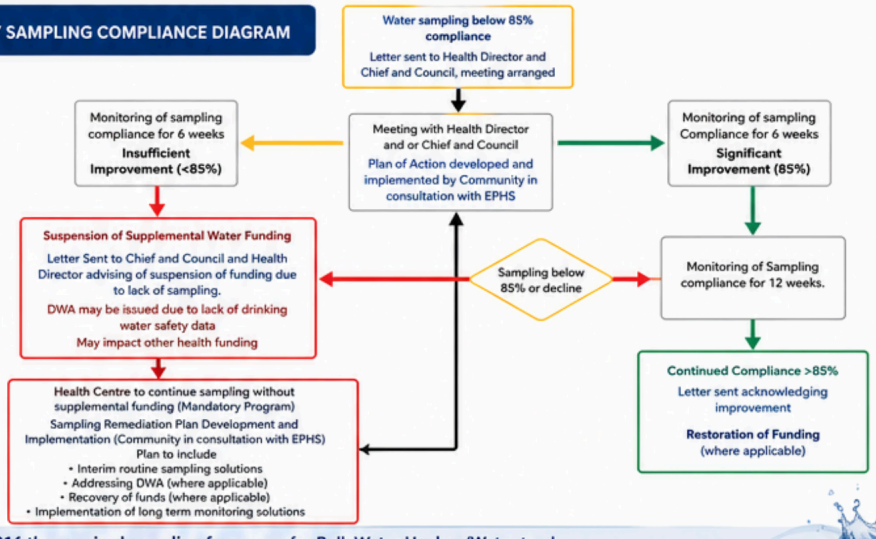
WATER SYSTEM	NUMBER OF HOMES WITH AT LEAST ONE BACTERIOLOGICAL SAMPLE:
Private Water Supply – Cistern	0



(E) DRINKING WATER QUALITY SAMPLING COMPLIANCE DIAGRAM

EPHS has recently updated its sampling compliance diagram to reflect the standardized national sampling compliance requirements for drinking water. **Communities not completing at least 85% of the required sampling may be subject to their supplemental water funding being suspended.**





NOTE: Effective September, 2016 the required sampling frequency for Bulk Water Haulers/Water trucks has changed FROM WEEKLY TO MONTHLY. If you have any questions, please contact your Environmental Health Officer.

DENTAL OUTREACH PROGRAM ANNUAL REPORT 2025–2026

Fort Chipewyan | April 1, 2025 – March 31, 2026

Ten years of fly-in dental care, prevention, and community partnership.



1 YEAR AT A GLANCE

10 years
our team has been flying into Fort Chipewyan for ten years.

18 trips
completed this year.

0 cancellations
every trip delivered as planned.

566 people
total patients served.



2 CLINICAL TEAM



Care this year was led by Dr. Jack Tan, Dr. Sung Hwang, and Dr. Woojae Kwon, supported by dental assistant Linli.

Care provided included exams, cleanings, fillings, extractions, and emergency visits.

The steady on-time delivery reflects the coordination of Nunee Health staff on the ground.

3 PREVENTION & EDUCATION



- Parents were supported with education on early childhood decay.
- Topics included bottle and sippy-cup use, sugary drinks, brushing routines, and the importance of a child's first dental visit.
- With adults, education focused on diet and smoking as two major drivers of dental disease.
- No patient needing care is turned away during a trip.
- An emergency call list between trips helps track urgent pain, swelling, or trauma and prioritize the next visit or referral.

4 ONGOING CHALLENGES



- Early childhood decay remains the most serious dental issue in the community.
- Some young children require extensive treatment that cannot safely be completed in Fort Chipewyan.
- Until now, families often *had to* travel to Edmonton for treatment under general anesthesia.
- Missed appointments remain a challenge; every empty slot *is one another patient could have used.*
- *Community members are encouraged to cancel ahead when they cannot attend.*

5 LOOKING AHEAD



- New partnership with Graystone Dental in Fort McMurray.
- Dr. Sung Hwang and Dr. Derek Bouma now hold hospital privileges at the Northern Lights Regional Health Centre.
- Children needing dental treatment under general anesthesia can now be treated in Fort McMurray instead of Edmonton.
- The team is exploring infant frenectomy services in Fort McMurray for tongue-tie and lip-tie.
- Ongoing priorities: maintain regular trips, keep the emergency call list responsive, and strengthen parent education on *childhood decay.*

6 AGE & GENDER PROFILE



AGE GROUP	% OF PATIENTS	MALE / FEMALE SPLIT
Age 0–10	12.54%	63% males / 37% females
Age 11–20	19.79%	47% males / 53% females
Age 21–20	21.91%	43% males / 57% females
Age 31–40	16.43%	59% males / 41% females
Age 41–50	10.25%	33% males / 67% females
Age 51–60	9.54%	54% males / 46% females
Age 61–70	9.19%	44% males / 56% females
Age 71–80	0.35%	50% males / 50% females



Total:
49% males | 51% females | 566 people



Thank you to the Fort Chipewyan community and Nunee Health for ten years of partnership, care, and trust.



TAMARACK
PHYSIOTHERAPY

128-9616 FRANKLIN AVENUE
FORT MCMURRAY, AB. T9H 2J9
PH: 780-743-3267 FAX: 780-743-3636
EMAIL: tamarackpt@telus.net

Rooted in Community, Growing in Care.

Physiotherapy Services
to Fort Chipewyan

ANNUAL REPORT
APRIL 1, 2025 – APRIL 2, 2026



SCOPE OF WORK:
1. Provision of Physical Therapy Services

AT A GLANCE

TOTAL NUMBER OF CLIENTS SEEN	639
NEW PATIENTS SEEN	71
HOME VISITS	32
NO SHOWS	153
CANCELLATIONS	17
WCB	0
MVA	0

AGE GROUPS



0–20 yrs.	21–39 yrs.	40–59 yrs.	60+ yrs.
2	89	277	271

GENDER

MALE	FEMALE
245	394

"When we work together, we build healthier communities."







Thank you to our clients, partners, and community for your trust, support, and partnership.

Together, we grow.

Rooted in Community, Growing in Care.

NUNEE HEALTH BOARD SOCIETY

Strength, Healing, and Hope

ACTS OF KINDNESS, QUOTES, AND ACTIONS IN THE COMMUNITY

HOMECARE



Caring for Our Community

During the 2025–2026 reporting period, the Nunee Health Board Society Home Care Program provided comprehensive community-based services supporting health, independence, and quality of life for community members in their homes.

"No act of kindness, no matter how small, is ever wasted."
– Aesop

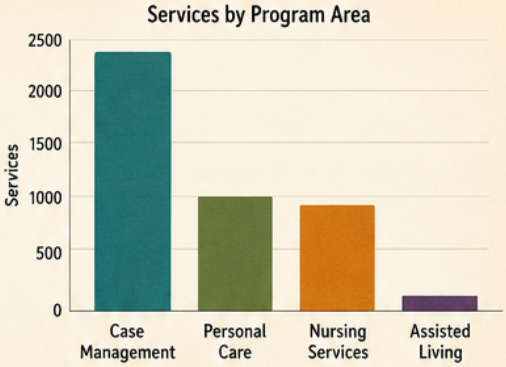
AT A GLANCE

Clients Served
70

Total Services
4,462

Home Visits
4,352

SERVICE DELIVERY SUMMARY



"We rise by lifting others."
– Robert Ingersoll

ADDITIONAL PROFESSIONAL DEVELOPMENT HIGHLIGHTS

Professional Conference Participation

One Health Care Aide attended the Health Canada Health Care Conference (October 14–17, Edmonton), supporting professional growth and awareness of best practices in Indigenous and northern health service delivery.

Ongoing Professional Development

Staff participated in webinars offered by Health Canada and Alberta Health Services on topics such as wound care, ethics, and job-related competencies. These activities supported quality improvement and alignment with current clinical standards.



"Kindness is the thread that connects us all."

EXPANDED PARTNERSHIPS AND COLLABORATION

Home Care Services continued to strengthen collaboration with Nunee Treatment Services, Public Health, Health Promotions, visiting specialists, and external health partners throughout the 2025–2026 reporting period. These partnerships supported continuity of care, chronic disease management, follow-up assessments, medication support, wellness initiatives, and coordinated client-centered care planning.

Collaborative work included coordination with treatment staff for follow-up home visits, supporting Elders wellness initiatives, participation in community education events, and ongoing communication with regional and provincial health services to improve access to care for clients living in Fort Chipewyan.



CONCLUSION

The Home Care Program continues to deliver essential, high-quality services supporting independence, chronic disease management, and aging in place within the community. Ongoing monitoring and reporting will guide future staffing, service planning, and quality improvement initiatives.



"Together we build a stronger, healthier future filled with hope."

Acts of Kindness Strengthen Our Community

- Checking in on a neighbor
- Sharing a meal with someone in need
- Offering a ride or helping with errands
- A listening ear and kind words
- Supporting Elders and families

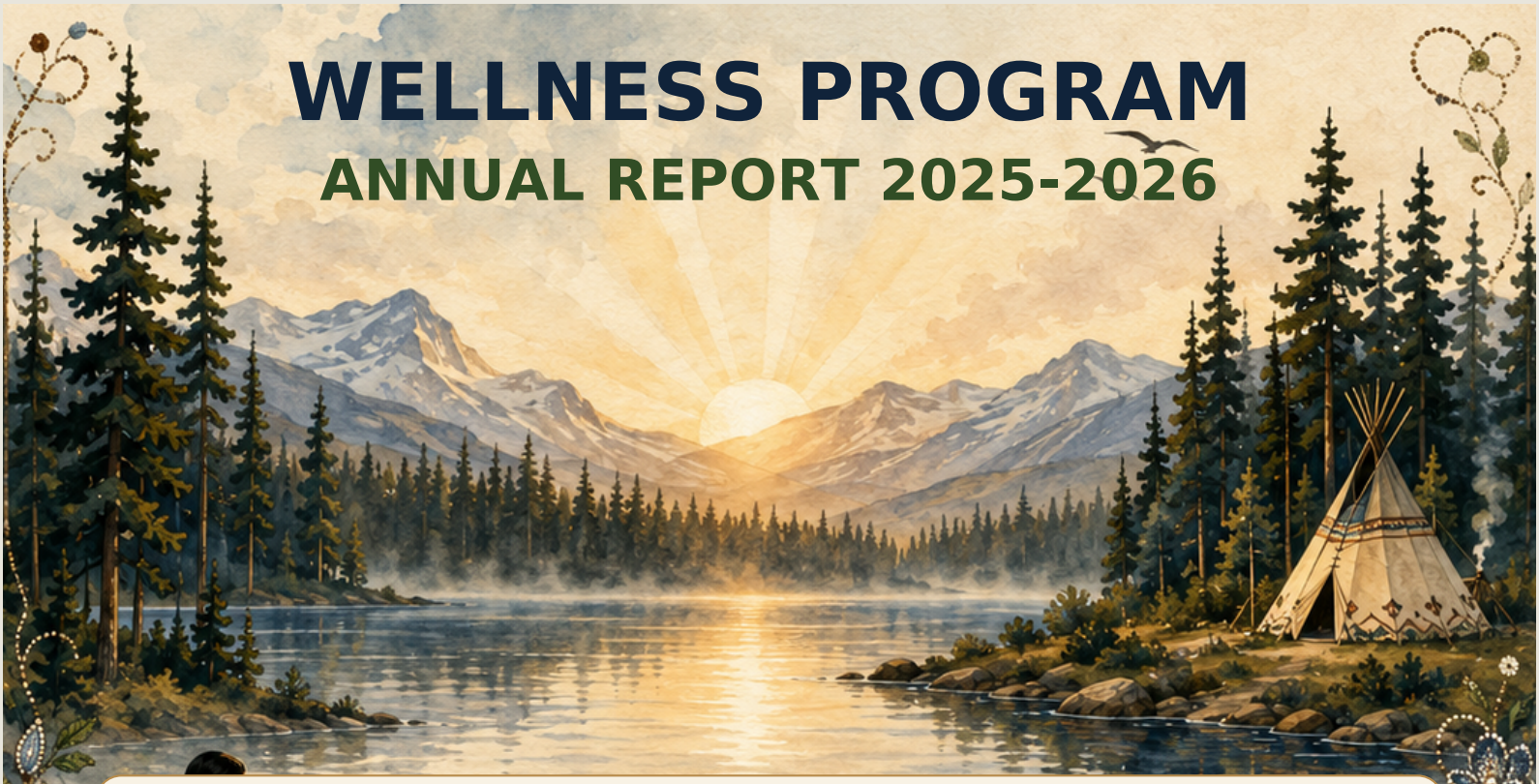
Small acts create big change.

THANK YOU TO OUR STAFF, PARTNERS, AND COMMUNITY MEMBERS FOR YOUR DEDICATION, COMPASSION, AND COMMITMENT.

Miigwetch – Thank you

WELLNESS PROGRAM

ANNUAL REPORT 2025-2026



The Nunee Wellness Department provides mental health, addiction, cultural and land-based supports in the Wellness Building, throughout the community, and at Fraser Bay.

Dedicated, caring people working together to provide meaningful support, connection and healing within our community.

THE WELLNESS TEAM

- **1** Wellness Coordinator
- **2** Mental Health Therapists
- **2** Land-based Cultural Workers
- **1** IRS Worker
- **4** Wellness Workers
- **1** Admin Support

WELLNESS PROGRAM SERVICES

CLIENT SERVICES

Mental Health Therapists	**500+**	In-person and telephone supports, including consultation and support to local schools.
Wellness Workers	**600+**	Treatment applications; pre- and post-treatment support; harm reduction; counselling; referrals; advocacy and resource sharing.

WEEKLY SUPPORT GROUPS

- **AA**
- **Life Skills**
- **Men's Group**
- **Wellbriety**
- **Wellness Support**

CULTURAL & LAND-BASED PROGRAMMING

- **Weekly cultural classes** — Fur hats, ribbon wear, beadwork, mittens, dreamcatchers and quilts.
- **Traditional skills** — Drum and rattle making, willow chair making and harvesting local medicines.
- **Fraser Bay gatherings** — Moose and fish frys brought together more than 200 community members.
- **My Path with ADCS** — 50+ students weekly learned language, cooking, trapping, snowshoeing and survival skills.

COMMUNITY EVENTS & WELLNESS ACTIVITIES

- Crib and Hand Games tournaments
- Paint nights
- National Addictions Awareness Week
- Pride Month
- World Suicide Prevention Day
- Bingos and horseshoe tournaments
- Mental Health Week
- Pink Shirt Day
- Mother's and Father's Day lunches
- Orange Shirt Day / Every Child Matters

COMMUNITY SUPPORT & HEALING

- **Traditional healing** — 100+ individual sessions, sharing circles, sweats and healing opportunities.
- **IRS support** — Emotional support for 200+ people during Holy Angels ground scanning and gatherings.
- **Tea Dances** — 400+ participants at Christmas and Spring celebrations with Fox Lake Drummers and Singers.
- **Family support** — 150+ pantry packages and 40 backpacks distributed to community members.


We rise by lifting others.
Stronger together. Healthier together.
NUNEF
Acts of kindness create ripples of change that strengthen our community.
TREE OF hope
OUR COMMUNITY OUR PEOPLE OUR PURPOSE

WELLNESS PROGRAM INFORMATION

HOW PROGRAMS SUPPORT CONNECTION, CULTURE AND HEALING

CULTURAL LEARNING

Cultural sessions are offered at no cost and are facilitated by Nunee's Cultural Worker together with local crafters. The hands-on approach creates a welcoming place for people to learn from one another, strengthen practical skills and carry cultural knowledge forward.

LAND-BASED AND ELDER KNOWLEDGE

At Fraser Bay, local Elders help community members spend meaningful time on the land and learn about harvesting local medicines. Activities are grounded in observation, storytelling, practice and respect for the land.

SCHOOL PARTNERSHIPS

Wellness staff, Cultural Workers and Elders work alongside Athabasca Delta Community School and Fort Chip Community High School to make land-based learning part of students' experience. These partnerships connect classroom learning with culture, language, community relationships and lived knowledge.

HEALING, REMEMBRANCE AND ADVOCACY

During sensitive gatherings and awareness activities, Wellness staff are present to provide emotional support, compassionate listening and connections to additional help. Community walks, prayers, drum songs and shared meals create space for reflection, remembrance and solidarity.

FAMILY AND COMMUNITY CONNECTION

Programming is intentionally healthy, substance-free and family-friendly. Informal activities and community gatherings reduce isolation, build supportive relationships and give people opportunities to connect in comfortable, welcoming settings.

A COORDINATED PATH TO SUPPORT

The team helps people navigate services by listening to their needs, explaining available options and connecting them with appropriate internal or external supports. Follow-up and advocacy help maintain continuity throughout a person's wellness journey.

PROGRAM APPROACH

CULTURALLY GROUNDED | RELATIONSHIP-BASED

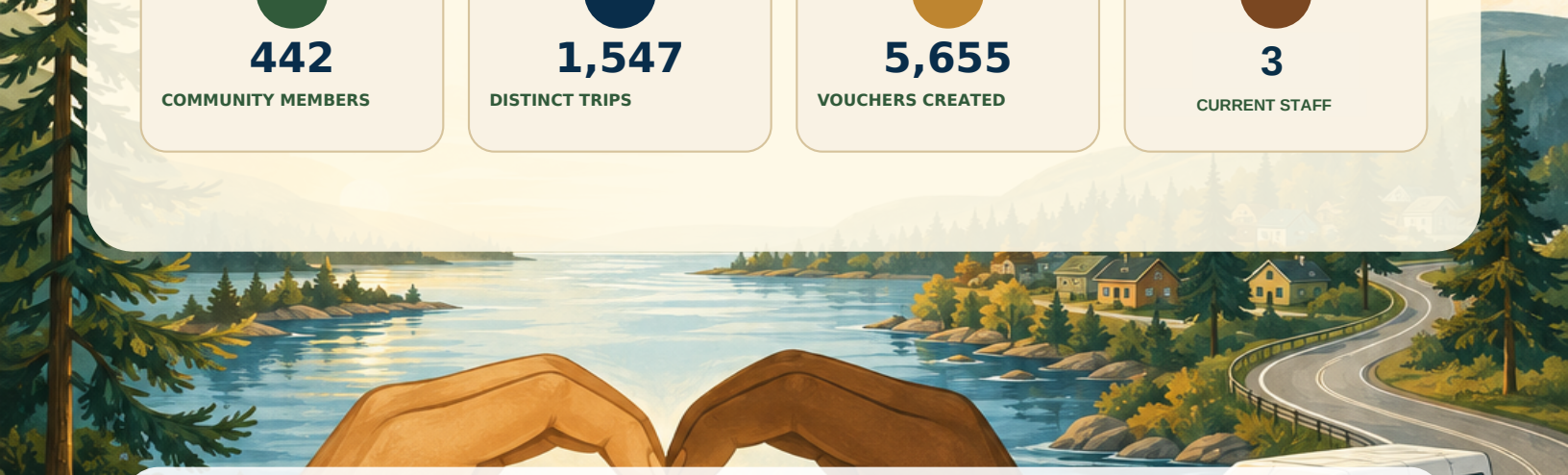
COMMUNITY-LED | COMPASSIONATE | ACCESSIBLE

MEDICAL TRANSPORTATION

CONNECTING COMMUNITY TO CARE

Medical transportation helps community members overcome geographic barriers and reach essential appointments, services and treatment.

442	1,547	5,655	3
COMMUNITY MEMBERS	DISTINCT TRIPS	VOUCHERS CREATED	CURRENT STAFF



ACCESS TO CARE ACROSS DISTANCE

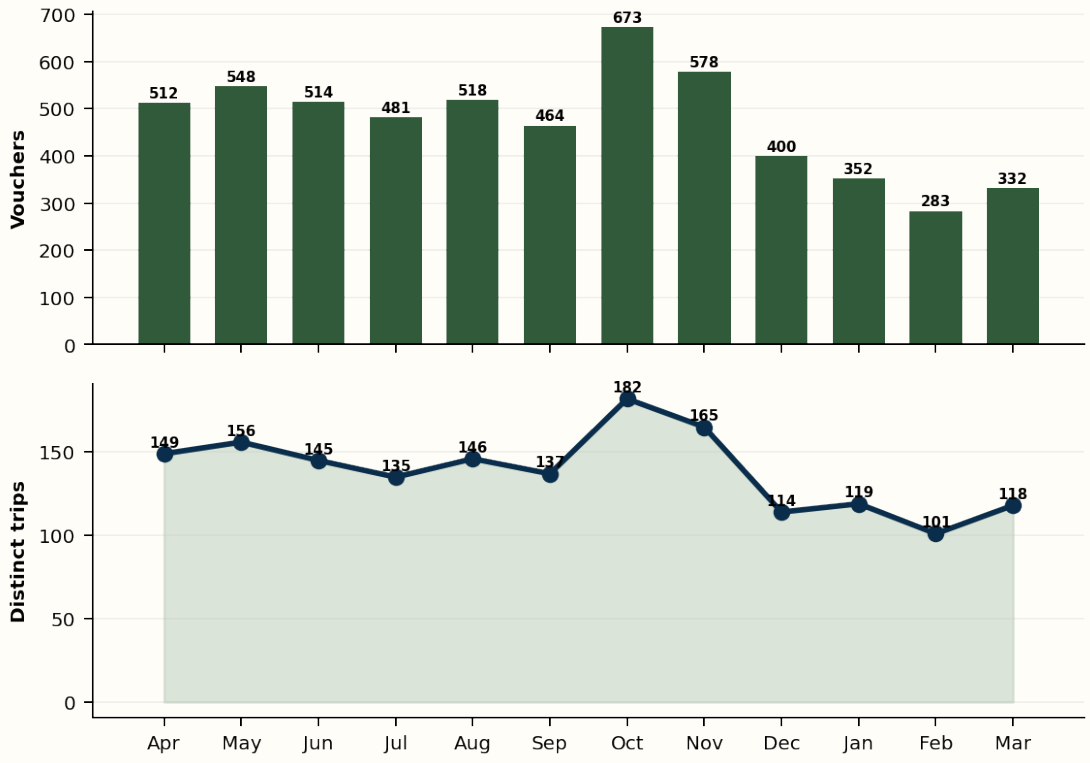
The program coordinated scheduled flights, medical-van transportation, private vehicles, boats and limited taxi services. It also supported accommodation and meals when required for approved medical travel.

All figures are aggregate program statistics. Small counts are suppressed in the source report to protect client privacy.

MONTHLY TRANSPORTATION ACTIVITY

VOUCHERS AND DISTINCT TRIPS - APRIL TO MARCH

MONTHLY SERVICE VOLUME



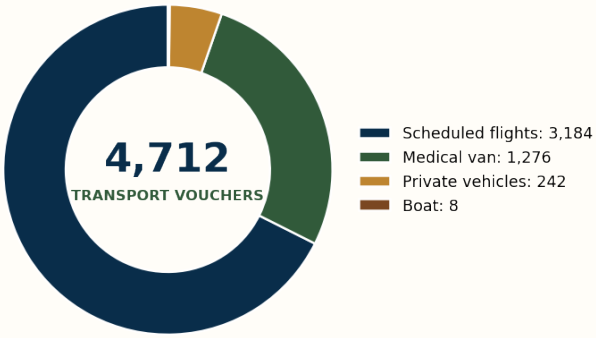
INTERESTING FACTS

- **BUSIEST MONTH**
  October: 182 trips and 673 vouchers.
- **CURRENT STAFF**
  2 medical clerks and 1 driver.
- **LOWEST ACTIVITY**
  February: 101 trips and 283 vouchers.
- **ANNUAL REACH**
  442 community members supported through 1,547 trips.

ACCESS TO CARE

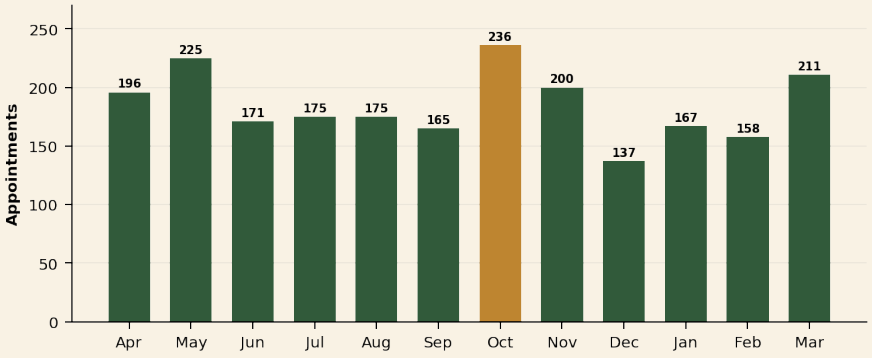
TRANSPORTATION METHODS AND APPOINTMENT ACTIVITY

TRANSPORTATION METHODS



Method totals include paid, pending and reconciled transportation transactions. Taxi counts of five or fewer were suppressed.

APPOINTMENTS BY MONTH



2,216 MEDICAL APPOINTMENTS SUPPORTED

Appointment types included scheduled care, specialist clinics, diagnostics, dental care, emergency treatment, mental-health services, vision care and other essential health services.

October had the highest appointment volume with 236 appointments.

NUNEE HEALTH

FACILITIES & OPERATIONS REPORT

Safe, dependable facilities form the roots that allow health programs, staff and community services to grow.

$

1.263M

OPERATIONS & MAINTENANCE

$

$1.012 M

($1,012,380)

TOTAL INVESTMENT

✓

4

KEY COMPLIANCE AREAS COMPLETED

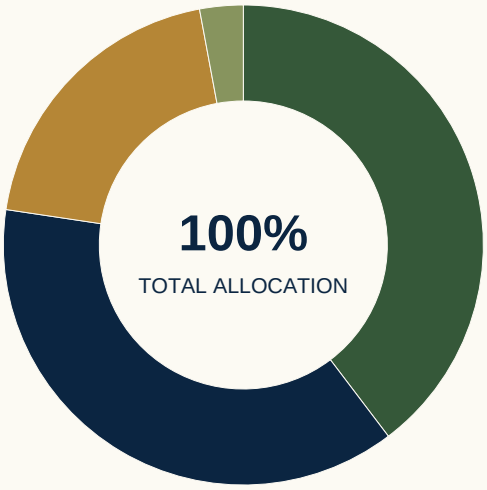
A YEAR OF BUILDING, RENEWAL AND READINESS

Nunee Health invested in critical mechanical systems, medical-gas infrastructure, lighting, doors, safety equipment and building operations. These improvements strengthened reliability, patient safety, energy efficiency and continuity of care.

FINANCIAL OVERVIEW

OPERATIONS AND MAINTENANCE

WHERE OPERATIONS & MAINTENANCE DOLLARS WENT



- **Facility operations & maintenance** 39.7%
- **Utilities** 37.7%
- **Maintenance salaries & benefits** 19.7%
- **Administration** 2.9%

2025-2026 actual expenses | Year ended March 31, 2026

EXPENDITURE SUMMARY

Facility operations & maintenance	$500,916
Utilities	$475,887
Maintenance salaries & benefits	$248,894
Administration	$36,936
TOTAL OPERATIONS & MAINTENANCE	**$1,262,633**

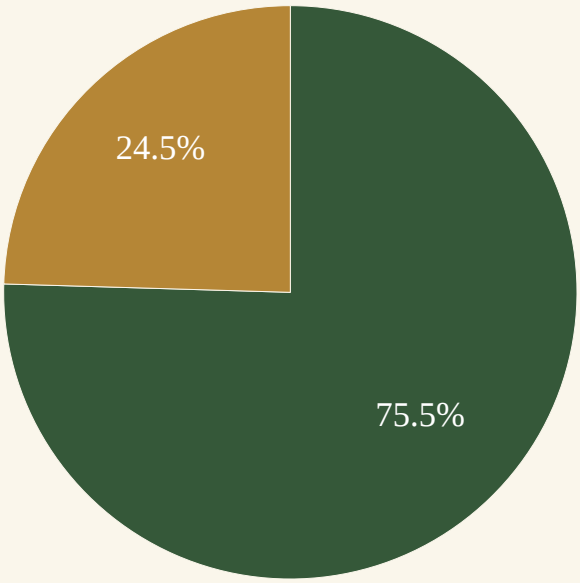
Facility operations includes insurance, vehicle costs and other facility expenses.

Insurance (property and vehicle): $167,577, included in facility operations.

INVESTMENT IN FACILITIES

PROJECTS AND INVESTMENT

TOTAL CAPITAL INVESTMENT



Building Upgrades
$764,010

Equipment
$248,370

TOTAL: $1,012,380

MAJOR PROJECTS

- Medical oxygen line and manifold system
- Clinic renovation and construction
- Purchase and installation of two boilers
- Two hot-water tanks and three furnaces
- Sliding-door repairs
- Automatic front-door repair/replacement
- Replacement LED ceiling fixtures
- Replacement sump pumps
- Oxygen-tank wall/enclosure construction
- Fire-rated door and frame for oxygen area

COMMUNITY CAPACITY AND READINESS

INFRASTRUCTURE, SAFETY, PEOPLE AND CURRENT PROJECTS

INFRASTRUCTURE AND SAFETY

1 MECHANICAL RENEWAL

New boilers, hot-water tanks and high-efficiency furnaces.

2 MEDICAL-GAS CAPACITY

Oxygen lines, manifolds, alarms and patient-bed connections.

3 ENERGY AND ACCESS

LED lighting plus sliding-door, entrance and ambulance-bay improvements.

4 PROTECTED SYSTEMS

Sump pumps, oxygen-tank enclosure and fire-rated door.

COMPLIANCE COMPLETED

- ✓ **Fire-alarm testing**
- ✓ **Extinguishers and emergency lighting**
- ✓ **Heating and air-conditioning inspections**
- ✓ **Backup-generator maintenance**

PEOPLE AND OPERATIONS

- **JANITORIAL CAPACITY**
  An additional team member was hired to strengthen regular facility coverage.
- **STABLE SERVICE TEAMS**
  Janitorial and security operations remained stable with routine coverage.
- **ONGOING MAINTENANCE**
  Equipment maintenance continued to support reliable operations.
- **STAFF SAFETY**
  Funding secured for six panic buttons: four for Nursing and two for Wellness.

CURRENT PROJECT PROGRESS

FRASER BAY	Cupboards and kitchen window installed; range-hood electrical work scheduled.
COMMUNITY INFRASTRUCTURE	ATCO trailer relocated; development, power and municipal permits underway.
TRIPLEX DEVELOPMENT	Lot prepared; permit, variance, water, sewer and landscape work progressing.
FIRE PROTECTION	Dry-attic sprinkler completed; funding secured for a new sprinkler valve.
SITE IMPROVEMENTS	Sheds relocated and a replacement window planned for Red Barn No. 1.

NUNEE HEALTH BOARD SOCIETY

CORPORATE RESPONSIBILITY

ROOTED IN COMMUNITY | 2025-2026

Nunee Health Board Society invests in community wellbeing, youth opportunity, culture, celebration and compassionate support during times of loss.

$68,950.99

22 DONATIONS | FOUR AREAS OF COMMUNITY IMPACT

H HEALING & WELLNESS

4 CONTRIBUTIONS — **$39,500.00**

Community healing event with comedy	**$7,000**
Healing and recovery conference	**$10,000**
Commemoration gathering	**$20,000**
Workout equipment for community use	**$2,500**

Wellness, recovery, remembrance and activity.

Y YOUTH, SPORT & EDUCATION

6 CONTRIBUTIONS — **$22,240.21**

Athletic supplies for physical education	**$3,000**
Transportation to a girls' sport summit	**$400**
Hockey camp participation	**$1,000**
Youth teepee summit	**$16,590.21**
Charter for youth and parents to provincials	**$1,000**
Youth participation in Native provincials	**$250**

C COMMUNITY CELEBRATIONS

5 CONTRIBUTIONS — **$5,500.00**

Metis jamboree	**$2,000**
July 1 community celebration	**$1,000**
Annual Christmas dinner	**$1,000**
Santa Claus parade	**$500**
Annual winter carnival	**$1,000**

Bringing people together through culture and tradition.

S FUNERAL & WAKE SUPPORT

7 CONTRIBUTIONS — **$1,710.78**

- Funeral and wake costs
- Families gathering during bereavement
- Community support during times of loss

Seven separate compassionate contributions.

EVERY CONTRIBUTION STRENGTHENS THE ROOTS OF COMMUNITY WELLBEING.

NUNEE FINANCE TEAM

2025-2026 | ROOTED IN COMMUNITY



TENDAI MHENDE | ROBERT ADOLPH | LYNNE LAVIOLETTE

STEADY FINANCIAL SUPPORT BEHIND EVERY SERVICE

Behind the work of staff serving patients and clients, the Finance Team processes purchase orders, pays vendors and employees, prepares financial reports and analysis, manages the budget process and ensures Nunee has sufficient cash for its commitments.

TENDAI MHENDE

Finance Assistant

Joined the team at the beginning of 2026.

ROBERT ADOLPH

Chief Financial Officer

Provides financial leadership, oversight and analysis.

LYNNE LAVIOLETTE

Finance Coordinator

With almost 30 years at Nunee, Lynne brings about 20 years of knowledge of the organization·s financial processes

AN ACTIVE FINANCE FUNCTION

~2,000
vendor payment transactions annually

~400
purchase orders created annually

~50
employees paid and monitored biweekly

STRENGTHENING THE FINANCIAL FOUNDATION

MODERNIZED SYSTEMS

Accounting was upgraded to Sage Intacct and payroll moved to ADP.

SOUND AUDIT RESULT

The 2025-2026 audit went well, with a sound opinion on Nunee's financial statements.

READY FOR ACCOUNTABILITY

Careful filing and reporting keep financial records prepared for audit and decision-making.

STRONG FINANCES | STRONG SERVICES | STRONG COMMUNITY

Management's Responsibility

To the Members of Nunee Health Board Society:

The accompanying financial statements of Nunee Health Board Society are the responsibility of management and have been approved by the Board of Directors.

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Society. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Society's external auditors.

MNP LLP is appointed by the Members to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

August 12, 2026

Nunee Health Board Society
Statement of Financial Position
As at March 31, 2026

	2026	2025
Financial assets		
Cash and cash equivalents	**505,201**	927,638
Accounts receivable	**1,092,084**	1,976,105
Goods and Services Tax receivable	**65,006**	76,576
Portfolio investments *(Note 3)*	**2,533,667**	1,915,071
Total of financial assets	**4,195,958**	4,895,390
Liabilities		
Accounts payable and accruals	**744,410**	340,208
Deferred contributions *(Note 5)*	**562,063**	1,365,187
Indigenous Services Canada revenue repayable *(Note 6)*	**246,201**	246,201
Total of financial liabilities	**1,552,674**	1,951,596
Net financial assets	**2,643,284**	2,943,794
Contingencies *(Note 8)*		
Commitments *(Note 9)*		
Subsequent events *(Note 14)*		
Non-financial assets		
Tangible capital assets *(Schedule 1)*	**13,546,490**	13,201,946
Inventory *(Note 7)*	**371,320**	344,458
Prepaid expenses	**248,898**	-
Total non-financial assets	**14,166,708**	13,546,404
Accumulated surplus	**16,809,992**	16,490,198
Accumulated surplus is comprised of:		
Surplus	**15,760,044**	16,006,488
Accumulated remeasurement gains	**1,049,948**	483,710

The accompanying notes are an integral part of these financial statements

Nunee Health Board Society
Statement of Operations and Accumulated Surplus
For the year ended March 31, 2026

	Schedules	2026 Budget	2026	2025
Revenue				
Indigenous Services Canada				
Funding received		**7,771,249**	**9,283,393**	8,325,409
Prior year deferred revenue recognized		**1,122,679**	**1,001,711**	728,280
Revenue deferred		**(17,500)**	**(506,274)**	(1,001,711)
Government of Alberta				
Funding received from Alberta Government		**175,000**	**157,500**	-
Prior year deferred revenue recognized		**-**	**363,477**	453,027
Revenue deferred from Alberta Government		**-**	**(55,789)**	(363,477)
Other income		**100,000**	**142,128**	212,636
Investment income		**87,500**	**97,928**	206,145
Total Revenue		**9,238,928**	**10,484,074**	8,560,309
Program expenses				
Administration	*4*	**712,695**	**901,485**	793,513
Capital Fund	*5*	**976,166**	**667,836**	642,437
Health Promotion and Disease Prevention	*7*	**5,952,549**	**5,895,460**	5,230,931
Public Health Protection	*9*	**86,016**	**94,016**	56,265
Primary Care	*8*	**775,687**	**822,735**	1,239,906
Supplementary Health Benefits	*10*	**1,033,286**	**1,049,262**	1,049,178
Health Infrastructure	*6*	**1,330,579**	**1,292,633**	1,380,808
Total expenditures		**10,866,978**	**10,723,427**	10,393,038
Deficit before other items		**(1,628,050)**	**(239,353)**	(1,832,729)
Other income (expense)				
Gain (loss) on disposal of portfolio investments		**25,000**	**(7,091)**	18,498
Gain on disposal of capital assets		**-**	**-**	15,500
		25,000	**(7,091)**	33,998
Deficit		**(1,603,050)**	**(246,444)**	(1,798,731)
Accumulated surplus, beginning of year		**16,006,488**	**16,006,488**	17,805,219
Accumulated surplus, end of year		**14,403,438**	**15,760,044**	16,006,488

The accompanying notes are an integral part of these financial statements