Our Mission

To improve, support, and promote the health, well-being, and healing of Aboriginal people in spirit, mind, emotion, and body within a multi-disciplinary health care model.
Our Vision
An Aboriginal Community:

- That nurtures the Family Spirit and strengthens family identity by embracing and sharing culture and traditional knowledge.
- That respects the beauty and power of nature and creation, and helps to ensure a healthy environment.
- Where individuals and families are strong spiritually, emotionally, mentally and physically, independent and self-sufficient; with ready access to Traditional Health and healing as well as culturally safe models of care from pre-birth (Traditional Midwives) to preparation for return to the spirit world (Traditional Healers).
- Where individuals are self-determining and able to take advantage of opportunities in order to reach their full potential and are prepared to share with others.
- Where people have a strong sense of identity and pride, as well as being knowledgeable of their traditional ways and values.
- Where Healing Lodges are at the centre of the community accessible to all of our people.

Our Beliefs
AHT roots all of its activities on the following teachings:

- Healing, learning, and teaching are synonymous
- We are all responsible for our personal health, wellness, and healing
- Nature and creation is our First Family. We show respect for our First Family and include them in our prayers. We also show respect for the spirits of our ancestors who are part of our First Family.
- There is an energy or life force which exists throughout nature and creation. This energy is within all of us. It gives us life and emanates from the human body. It is our spirit; it then affects the mind, then the emotions, and finally the body; for healing to occur treatment must include our whole being.
- The Healing Path also includes preparations for the journey to the Spirit World. Death is part of the cycle of life.

Our Principles
AHT will work toward achieving its visions and carrying out its mission based on the following principles:

- We respect teachings of all people.
- We accept and provide care to all Aboriginal people and their families, including status and non-status First Nations, Inuit, and Metis people.
- We respect the right of our clients to receive services free from judgement and to choose the care path that is right for them.
- We strive to provide services that enable people to reconnect with and strengthen their spirit.
The year 2018-2019 has brought Anishnawbe Health Toronto (AHT) further along its path of providing much needed health services for our community. First of all, we are very pleased to report AHT has successfully received Accreditation for the period of 2019-2023. AHT received its first accreditation in 2002. Congratulations and thanks to our volunteers, clients, staff and members of the board of directors for this important achievement. We are proud of everyone’s contribution. We also convey our thanks and appreciation for everyone’s effort and hard work to ensure the provision of health services and programs for the community.

During the year, AHT experienced positive results in providing assistance to members of the community with securing and maintaining housing, an important health determinant. Housing subsidies were contributed to over 100 individuals and families and housing retention resources to 210 households.

We successfully increased our capacity to provide mental health and addiction services. Partnering with Women’s College Hospital we implemented our Rapid Access to Addiction Medicine program. This capacity and service delivery increase is proving to be a needed and integral part of our efforts, to address mental health and addiction issues in our community.

As reported previously, AHT was allocated a 128 bed long term care service by the MOHLTC. We currently are closely reviewing the feasibility and needs for implementation of this much needed service for our community. The current model for long term care services is a challenging and difficult one to achieve successful implementation.

The landscape of health services in Ontario is going through substantive change. With the passage of Bill 74, The Peoples Health Care Act, 2019 allows for the designating of integrated care delivery systems (Ontario Health Teams). We have started a dialogue with three different local initiatives that are applying to become Ontario Health Teams. We will continue to communicate with these groups. We are also exploring a model that would include the Indigenous Primary Health Care Council (IPHCC). The IPHCC is a provincial organization that includes Indigenous community health centres and Indigenous health access centres. AHT is a member of the IPHCC.

We have submitted to the City of Toronto our Site Plan Application to build our new health centre. Approval allows for the issuing of a building permit so that we can proceed with construction. Although these can be moving targets, construction start date is scheduled for July 2020 and occupancy is May 2022. We’re almost there!!

---

Message from our Executive Director and Board President

Joe Hester
Executive Director
Mukwa Dodem Cree Nation

Meegwetch!
BDO Canada LLP
Chartered Professional Accountants, Licensed Public Accountants
Toronto, Ontario
July 23, 2019

Auditor's Report

To the Members of Anishnawbe Health Toronto

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2019, and the summary statement of revenues and expenses and changes in net assets for the year then ended, and related notes, are derived from the audited financial statements of Anishnawbe Health Toronto (the Organization) for the year ended March 31, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria disclosed in Note 1.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor’s report thereon, therefore, is not a substitute for reading the Organization’s audited financial statements and the auditor’s report thereon. The summary financial statements and the audited financial statements do not reflect the effect of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Consolidated Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated July 23, 2019.

Management’s Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria disclosed in Note 1.

Auditor’s Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 610, Engagements to Report on Summary Financial Statements.

BDO Canada LLP
Chartered Professional Accountants, Licensed Public Accountants
Toronto, Ontario
July 23, 2019

Summary Statement of Financial Position

As at March 31

<table>
<thead>
<tr>
<th>Assets</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and restricted cash</td>
<td>$4,764,123</td>
<td>$4,545,069</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>383,225</td>
<td>256,444</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>83,632</td>
<td>80,358</td>
</tr>
<tr>
<td>Fixed assets</td>
<td>$5,230,980</td>
<td>$4,881,871</td>
</tr>
<tr>
<td>Development costs</td>
<td>568,050</td>
<td>388,605</td>
</tr>
<tr>
<td></td>
<td>3,170,914</td>
<td>2,486,796</td>
</tr>
<tr>
<td></td>
<td>$8,969,954</td>
<td>$7,760,272</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$593,074</td>
<td>$740,208</td>
</tr>
<tr>
<td>Due to funders</td>
<td>1,158,959</td>
<td>1,720,077</td>
</tr>
<tr>
<td></td>
<td>2,035,210</td>
<td>1,325,304</td>
</tr>
<tr>
<td>Deferred capital contributions</td>
<td>3,767,243</td>
<td>3,785,589</td>
</tr>
<tr>
<td>Net assets</td>
<td>3,623,092</td>
<td>2,761,754</td>
</tr>
<tr>
<td></td>
<td>7,390,335</td>
<td>6,547,343</td>
</tr>
<tr>
<td></td>
<td>1,579,619</td>
<td>1,212,929</td>
</tr>
<tr>
<td></td>
<td>$8,969,954</td>
<td>$7,760,272</td>
</tr>
</tbody>
</table>

Summary Statement of Revenues and Expenses and Changes in Net Assets

For the year ended March 31

<table>
<thead>
<tr>
<th>Revenues</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toronto Central Local Health Integration Network</td>
<td>$6,051,372</td>
<td>$5,286,983</td>
</tr>
<tr>
<td>Other programs</td>
<td>3,570,964</td>
<td>2,190,937</td>
</tr>
<tr>
<td>Restricted funds</td>
<td>626</td>
<td>424</td>
</tr>
<tr>
<td></td>
<td>9,622,962</td>
<td>7,478,344</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted</td>
<td>9,248,507</td>
<td>7,273,530</td>
</tr>
<tr>
<td></td>
<td>7,765</td>
<td>5,766</td>
</tr>
<tr>
<td></td>
<td>9,256,272</td>
<td>7,279,296</td>
</tr>
</tbody>
</table>

| Excess of revenues over expenses for the year | 366,690 | 199,048 |
| Net assets, beginning of year | 1,212,929 | 1,013,881 |
| Net assets, end of year | $1,579,619 | $1,212,929 |
Traditional Services

The Traditional Team is the core of AHT’s organization and works with all programs within it. Our team is made up of traditional healers from varying First Nation communities and Osh-ka-be-wis (traditional helpers). They work with clients on a daily basis doing one-on-one doctoring and teachings to make sure they are healthy spiritually, mentally, physically, and emotionally.

The program offers varying services that clients can be referred to such as sweat lodge ceremonies which are conducted for the community, family or individual. Fasting ceremony done twice a year for our community, one in the spring and one in the fall. Shake Tent ceremonies done in the fall, winter, and spring and we have the Ancestors Feast twice a year.

The Healers are well integrated into many programs that are offered by AHT such as giving teachings to the Community Health Workers program, being involved with community outreach programming for the two spirited community at 519 Church Street and working with our clients in group sessions for Aboriginal mental health and addictions program. Healers are available for outreach services for the clients who are not able to leave their homes. Hospitals, Hospice and Palliative visits are a big part of our services for end of life ceremonies for our community.

Our healers will visit various locations such as schools to provide the youth with their spirit names which gives them their identity and starts them on their path of learning who they are and to learn more about their ceremonies.

“I have visited many doctors during my adult life for chronic pain and depression. The best, most effective care has been at AHT. Sharing my thoughts seems very necessary.”

“I like the smell of sage burning when you walk in, remind me of my strengths and of my culture.”

Our Wellbeing

<table>
<thead>
<tr>
<th>Clients</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>932</td>
<td>2,063</td>
</tr>
</tbody>
</table>

Clients 2,063 Visits
Babishkhan Unit

Aboriginal Mental Health & Addictions Program (AMHA):

The Aboriginal Mental Health and Addictions Program (Chayuuweytim Unit) places Aboriginal culture and tradition at its core, while utilizing a client-centered, strengths-based approach to recovery. It is a 20-week highly accessible day treatment program, integrating group work and individual counselling, utilizing a personalized treatment planning process.

Our mental health services offer a multi-disciplinary approach to care. We offer a range of services that could include counsellors, traditional counsellors, psychiatry, psychology, Two Spirit Trans* Services and social workers. We use a long-term case management model to provide support which considers the spiritual, mental, emotional, and physical needs of every individual. Clients can self-refer to the program for intake. Intake is on a walk-in basis.

Scope of our Services

- Traditional Healing & Ceremonies
- Psychiatrists
- Psychologist
- Mental Health Counselling
- Two Spirit Trans’ Services
- Traditional Counselling
- Traditional Family Counselling
- Couples’ Counselling
- Case Management
- Two Spirit and Trans’ Services and Counselling
- Supportive & Advocacy work
- Rehousing and Eviction Prevention

Clients

1,266
8,442

Visits

288
1,895

When I moved away from my family to come live in the city, I lost my identity. I have attended ceremonies at AHY. I have regained my identity. I would like to participate more as I see I’m getting better.

"When I moved away from my family to come live in the city, I lost my identity. I have attended ceremonies at AHY. I have regained my identity. I would like to participate more as I see I’m getting better."
### Babishkhan Unit

#### Indigenous Supportive Housing Program:

<table>
<thead>
<tr>
<th>Clients</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>461</td>
<td>961</td>
</tr>
</tbody>
</table>

The program is funded by Miziwe Biik. The Housing program encourages the agentive efforts of First Nations, Metis and Inuit men, women and their families to combat the destabilizing impact of being homeless or precariously housed. This funding allows the deployment of essential housing allowances to rehouse or to offset Ontario Disability and Support Program and Ontario Works Benefits shelter costs for those whose housing comes at a cost of food insecurity. Eviction prevention is a core aspect of this program, using our capacity to mediate housing and utility arrears. To date, the program has established 110 households in housing that is safe, affordable and secure.

#### Rapid Access Addiction Medicine Program (RAAM):

<table>
<thead>
<tr>
<th>Clients</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>577</td>
</tr>
</tbody>
</table>

The program was established in November 2018. It offers support to clients that are living with alcohol, opioid or other substance abuse issues. The program offers walk-in assessment of substance use issues and access to addiction medications (opiate replacement and anti-alcohol craving medications) to assist dependent clients in dealing with the effects of withdrawal and co-occurring anxiety, depression, and sleep disruptions that are classic disrupters in the lives of men and women once they are no longer actively using. Offers wraparound community support and counselling to assist clients gain and maintain stability in their lives. The program is highly accessible offering walk-in services Mondays 9-12, and Wednesdays and Thursdays 1-4pm.

#### Two-Spirit & Transgendered Program:

<table>
<thead>
<tr>
<th>Clients</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>68</td>
<td>320</td>
</tr>
</tbody>
</table>

The Two Spirit Trans Services began in April 2018. The program has a dedicated counsellor available for regular ongoing sessions to members of this community which statistically experience devastatingly high levels of poverty, high rates of depression, anxiety and substance use and exceptionally high levels of suicide risk. Peer Mentor who provides support and guidance on health, traditional knowledge and ceremonies which cumulatively work to improve the wellbeing and stability of each client. Supports the client in initiating a dialogue with primary healthcare to the support of Trans clients who require hormone therapy and surgery. Traditional teachings, ceremonies and medicines are provided weekly by Healers, as cultural interventions are addressing needs and destigmatizing through intentional and collaborative care.

“I’m grateful for AHT- there’s no other place like it! Since I’ve come to AHT, I’ve become healthier, happier, more whole!”
Our multi-disciplinary team, includes Nurse Practitioners, Physicians, Registered Nurses, Clinical Counsellor, Physiotherapists and Health Promoter. Goal of care is to provide holistic healthcare programs and services. These programs and services include: health promotion, illness prevention, disease management, well baby and child health assessments, immunizations, infant and child developmental assessments, women’s and men’s health services, periodic health examinations, routine screening, diagnostic and testing procedures, prenatal and postnatal/Infant primary health care, health counselling, and individual, family, and couples counselling.

Our multi-disciplinary team of Dieticians, Diabetic Nurse Educators, Social Workers and a Chiropodist provides individual, family, and caregiver support for diabetes. Our culturally-based program integrates Traditional and Western approaches to provide health education and help prevent complications of diabetes. In addition to providing education and support, our services include: oral medication, disease management, insulin monitoring and management, nutritional counselling, foot care, and lifestyle management.

Our multi-disciplinary team includes dietitians, outreach worker, program administrator and a social worker. The goal of the program is to support our community members with the information and tools they need to live life in a good way throughout their ongoing health journey. The program participates in community capacity building activities to raise awareness about diabetes. They help connect clients who are living with diabetes get connected to diabetes programs and primary care services. This is accomplished through sharing circles, information sessions, cooking programs, grocery shopping tours and community screenings events.

“Quick referrals, good communication and resources like the acknowledgement circles are all being part of AHT. I’ve been taught how to look a life, my life, my identity and know how high I can climb.”

“They made the sad side, happy. I know who I am as an Anishnawbe woman.”
This program strives to promote the awareness and prevention of Fetal Alcohol Spectrum Disorder (FASD) as well as early interventions for families and caregiver who are caring for children diagnosed with FASD. Health promotion and prevention activities include community information workshops, support groups, pre-natal circles, school programs, and both one-on-one and group support for families and caregivers.

Community members are invited to access information on FASD support services and resources at our program office. It takes a community to prevent FASD and to support expectant mothers in an alcohol- and drug-free pregnancy.

Multidisciplinary team membership - Neuropsychologist, Physicians, Social Workers, Speech & Language Specialist, Psychiatrist, Traditional Healers and Medicine People. FASD multidisciplinary team provide FASD assessments, diagnosis, treatment and resource plans of care.
Greetings from Anishnawbe Health Foundation! 2018/19 was an eventful year for our $10 million campaign to support a new home for Anishnawbe Health Toronto. To date, nearly $6.5 million in gifts and pledges have been raised towards this goal – including a visionary gift from an anonymous donor in support of the campaign.

Our efforts were also greatly enhanced by a special matching challenge from The John C. and Sally Horsfall Eaton Foundation. This Foundation is matching dollar-for-dollar donations to the capital project up to $300,000. We are very close to achieving this goal and look forward to celebrating later this fall.

One of our fellow Board members, Cherie Brant, made an incredible leadership donation of $100,000 in honour of her father Clare Brant and the support that she and her family have received from Anishnawbe Health Toronto over the years. You can read more about Cherie’s support on the Foundation’s new website, www.supportanishnawbe.ca. Over the past summer, we’ve increased our marketing efforts to grow our donor support at all levels, including launching the new Sweetgrass Monthly Giving Circle.

In 2018/19, we received strong support from the community including events organized by third parties. The Verity Circle on Truth and Reconciliation grossed nearly $75,000 through their fundraising dinner with Senator Murray Sinclair in October 2018. Our third annual Reception and Auction in June raised more than $53,000 and the Gardiner Museums cumulative total raised through Empty Bowls exceeded $200,000 for Anishnawbe Health in its 26th year.

The Foundation has also received special support from the neighbourhood where Anishnawbe Health Toronto’s new home will be located. Corktown Toronto is currently raising funds to welcome Anishnawbe Health to their neighbourhood. Donations to the campaign, up to $10,000 are being matched by Corktown News editor Tricia Waldron and neighbour Larry Webb.

Our leadership as a Foundation continues to strengthen. This past June, we welcomed three new members to our Board of Directors – Lyndsay Brisard, Tim Laronde and Stephen Scott. At the same time, we recognize the incredible commitment of Joe Hester, one of the Foundations founding directors, for his service on our Board. Although Joe completed his term with our Board, we know that his guidance and leadership will continue to support the work of the Foundation.

We encourage you to get involved with our Foundation and our growing circle of donors and volunteers. Our Foundation’s growth and viability comes from the community, and we are honoured by everyone who has supported this organization this past year in some way.

Chi-Migwech,
Andre & Diane
Anishnawbe Health Foundation

Board Members

Anishnawbe Health Foundation Board of Directors 2019

Andre Morriseau, Communications Manager, Ontario Native Women’s Association (ONWA) (Chair)
Cherie L. Brant, Partner, Indigenous Law Group, BLG Borden Ladner Gervais LLP (Vice-Chair)
Lyndsay Brisard, York University Commerce Program (Youth Representative)∗
Tim Laronde, Associate Vice President, Trust Services, Peace Hills Trust’
Diane Gray, Co-Founder and COO, Luxury VR Home Showings Inc.
Joe Hester, Executive Director, Anishnawbe Health Torontoº
Judith Moses, President and CEO, Judith Moses Consulting
Margaret Purcell, MES, CFRE, Associate Director, Individual Giving, March of Dimes Canada
Stephen Scott, MBA, Senior Commercial Account Manager, Manufacturing, Distribution & Wholesale, Commercial Financial Services, Royal Bank of Canada (Secretary Treasurer)∗
Chandrakant Shah, OOnt, MD, FRCP(C), FAAP, SM (Hyg.), Honorary Consultant Physician, Anishnawbe Health Toronto & Professor Emeritus, Dalla Lana School of Public Health, University of Toronto

∗ Elected to the Board of Directors in June 2019  º Completed term on Board of Directors in June 2019

Anishnawbe Health Foundation Finance, Audit and Investment Committee Members 2019

Stephen Scott, MBA (Chair), Senior Commercial Account Manager, Manufacturing, Distribution & Wholesale, York Supply Chain, Commercial Financial Services, Royal Bank of Canada (Chair)
Carol Barnes-Kuleba, Anishnawbe Health Toronto Treasurer
Joe Bates, CPA, CA, Partner, MNP
Thomas C. Darnay CPA, CA, CAFM, Vice President, Finance & Administration, Indspire
Peter Godec, CFA, Partner, Jarislowsky Fraser
Jeff Pentland, M. Phil, LLB, Managing Director, Northleaf Capital
Kelly Rodgers, CFA, President, Rodgers Investment Consulting
Guests enjoyed great food, great company and bidding on great auction items at the 3rd Annual Reception and Auction in advance of National Indigenous Peoples Day in June. More than $53,000 was raised at the event.
Old's Cool General Store raised nearly $1,000 for Anishnawbe Health in 2018 through its Orange Shirt sales, with plans in place to grow the campaign in 2019!

Ashley Wincikaby
Justine Fletcher

Dr. Tomer Levy Bursary Award Winners
Ashley Wincikaby
Justine Fletcher
Mae Katt (centre) and Victoria Grant (right) from Temagami First Nation joined Dr. Gretchen Roedde (left), for reflections and readings on her book *Deep Water Dream: A Medical Voyage of Discovery in Rural Northern Ontario*, with 100% of the proceeds from the event supporting Anishnawbe Health.

Labour groups have supported the campaign for a new home for Anishnawbe Health – including a leading $25,000 from UFCW Canada.

The Verity Circle on Truth and Reconciliation’s Evening with Senator Murray Sinclair raised nearly $75,000 for a new home for Anishnawbe Health Toronto.

“’I come inside AHT, smell the medicines and I just feel lighter. It’s my church. Then I take that positive energy and use it to be a way better parent.’”
Chi Miigwetch! Big Thank you!

We are thankful to everyone who made a gift to our Foundation this past year. The following people and organizations have made a pledge or gift to Anishnawbe Health Foundation of $1,000 or more between September 1, 2018 and August 31, 2019.

**$1 Million +**
- Anonymous

**$250,000-$999,999**
- The John C. and Sally Horsfall Eaton Foundation
- Waasagamik

**$100,000-$249,999**
- Cherie Brant in honour of Clare Brant

**$25,000-$99,999**
- UFCW Canada
- Pamela Thomson
- Verity Circle on Truth and Reconciliation Dinner

**$10,000-$24,999**
- Anne Butler Slaght Foundation
- Gardiner Foundation
- Miziwe Biik Aboriginal Employment & Training
- Nicole Gray, Stella Mclean and Leigh Tynan
- Schachter Family Fund at Toronto Foundation

**$5,000-$9,999**
- The Counselling Foundation of Canada
- JF Partners Foundation
- Kingfisher Foundation
- Todd Ross and Kirk MacKenzie
- Unifor Social Justice Fund
- Tricia Waldron

**$1,000-$4,999**
- Anonymous in memory of Patsy Fagan
- Anonymous (1)
- Anusha Aruliah
- Aviso Wealth Management
- Alain Bartleman
- Milos Baruticinski
- Beutel Goodman & Company Ltd.
- Birch Hill Equity Partners
- Bloor Street United Church
- BMO Trust Company - BMO Private Banking
- Chippewas of the Thames First Nation
- CIBC
- Community Foundations of Canada
- Keith Dang
- Gabriel Eidelman
- Fiera Capital
- Global Resolutions
- Victoria and Richard Grant
- Diane Gray in honour of Luella Gray-McAlpine
- Guardian Capital LP
- Laidlaw Foundation
- Dr. Lynn Lavallee
- Lawson Foundation
- Legacy Private Trust
- Leith Wheeler Investment Counsel Ltd.
- Lincluden Investment Management
- William Lockington
- Nancy McCann & Bill Morneau
- Judith Moses
- Sheila Norman
- BrunaNota
- Our Lady of Perpetual Help Class of 2019
- Owens MacFadyen Group
- Patrick and Barbara Keenan Foundation
- Perkins + Will
- Ridgeview Capital Asset Management
- Kelly Rodgers & Rodgers Investment Consulting
- Dr. Gretchen Roedde and the book launch for Deep Water Dream
- RP Investment Advisors LP
- Dr. Deborah Sinclair
- Wendy Southall
- ClioStraram
- T. E. Wealth
- Toronto Foundation
- Townsend Family Fund at the Toronto Foundation
- Vancity Community Foundation
- Larry Webb In Honour of Linda and John Jamieson, Lucien, Julia and Sierra Jamieson, Asher Minden-Webb, Kate and Phil Collins, Marilyn and Marty Cutler and Eriko Miyazawa
- Michael Zegers

**Tribute Gifts**

The Foundation received donations to remember and/or honour the following special people between September 1, 2018 and August 31, 2019:

- Nathan Samuel Banerji-Kearney
- Clare Brant
- Lisa Chen
- Kate & Phil Collins
- Marilyn & Marty Cutler
- Shagorika & G.A. Easwar
- Patsy Fagan
- Linda & John Jamieson
- Lucien, Julia & Sierra Jamieson
- Dr. Arvind & Renuka Khambhla
- Luella Gray-McAlpine
- Haresh & Prafulla Mehta
- AsheMinden- Webb
- Michael Zegers
- Eriko Miyazawa
- Kala Monali
- Grace Olds
- Lise Olds
- Dr. Linda Panaro
- Dr. Deborah Sinclair
- The Honourable Murray Sinclair
- Kim Stanton
- Speakers at the Canadian Association of Labour
- Lawyers Conference
Gifts-in-kind
Donations of goods and services from the following people and organizations helped the Foundation throughout 2018/19:

Aviso Wealth Inc.
Ben McNally Books
Beutel, Goodman & Company Ltd.
Susan J. Bird
Casino Rama Resort
CI Financial
Pauline Couture & Ian Morrison
Chiefs of Ontario
Dark Horse Espresso Bar - Canary
Cath Devlin
Dundee Kilmer Developments LP
Michael Enright, O.C.
Fiera Capital
Flowers Plus Inc.
Fogler, Rubinoff LLP
Gardiner Museum
Victoria Grant
Diane Gray
Stephanie Hickmott
imagineNATIVE
Jensen Group
Jamie Kennedy, O.C.
Chief R. Stacey Laforme
Leith Wheeler Investment Counsel Ltd.
Lincluden Investment Management
Linda Lundstrum
Modo Yoga Bloor West
Gerda Neubacher
Sheila Norman
Penguin Random House Canada
Poa Studio
Reception & Auction Organizing Committee
Red Sky Performance & the TSO
Ridgewood Capital Asset Management
Tracy Richards
RP Investment Advisors
Kelly Rodgers & Rodgers Investment Consulting
Dr. Gretchen Roedde
Shelagh Rogers, O.C.
Joseph Sagaj
Gail Shaw
Soul Pepper Theatre Company
The Living Vine Inc.
The Showroom
The Honourable Murray Sinclair
Susan J. Turner and Turner & Associates Inc.
Milton Winberg
Members of the York Heritage Quilters Guild

Foundation Chair Andre Morriseau and Executive Director Julie Cookson were interviewed on Elmnt FM 106.5 about the Foundation’s campaign.

The Gardiner Museum’s Empty Bowls 2018 raised more than $13,000 for Anishnawbe Health.

“I am learning to use plant and bird medicines with traditional teachings so that I can return to an Indigenous diet, one of the best ways to heal our bodies.”
A. Resources and Operations: Financial and Human Resources, Governance and Management

Service Philosophy Statements
AHT respects our First Family in the delivery of programs and services as well as in the gathering and application of resources and operations.

Objectives
Short-term (1 – 2 years output)
A.1. Review the strategic plan annually for specific alignments with Toronto Central LHIN (TC LHIN) and other resource partners.

Long-term (3 – 5 years output/outcome)
A.2. Build relationships with funding organizations and the broader Toronto community in support of funding a new integrated care facility.
A.3. Support and incorporate innovative approaches to human resources.
A.4. Investigate potential opportunities for satellite(s) and/or mobile health services.

B. Maintaining and Improving Holistic Health Care to ensure Health Promotion and Disease Prevention

Service Philosophy Statements
By embracing our Traditional practices, teachings, and knowledge AHT promotes the maintenance and continual improvement of spirit, self, family and community.

Objectives
Short-term (1 – 2 years output)
B.1. Research and evaluate cyber counselling.
B.2. Develop a strategy and program framework to implement a Chronic Disease Management program

Long-term (3 – 5 years output/outcome)
B.3. Implement the chronic disease management strategic framework (B.2).
B.4. Support and incorporate innovative approaches to service delivery.
C. Honouring Family

Service Philosophy Statements
We recognize our connection with our First Family through a balanced relationship with ourselves, our family, and community.

Objectives

Short term (1 – 2 years output)
C.1. Conduct workshops and sharing circles that promote the recognition of being and healthy family relationships.

Long term (3 -5 years output/outcome)
C.2. Develop and facilitate healthy living and traditional teachings.
C.3. Support and build on the protection and preservation of our First Family through relationships within a community that nurtures the family spirit and strengthens family identity by embracing and sharing culture and traditional knowledge.

D. Improving Service Delivery

Service Philosophy Statements
We strengthen our identity through building and developing relationships that support our vision, mission, beliefs and principles.

Objectives

Short term (1 – 2 years output)
D.1. Increase awareness of AHT with agencies and individuals.

Long term (3 -5 years output/outcome)
D.2. Enhance client outreach services to improve accessibility to programs and services that address health care and social determinants of health, leading to self-determination.

E. Knowledge Sharing, Research and Evaluation

Service Philosophy Statements
AHT will provide a teaching and learning environment that supports people on their lifelong healing journey and empowerment.

Objectives

Short term (1 – 2 years output)
E.1. Review and assess AHT's role as a teaching and learning resource.
E.2. Direct and manage research projects (identify resources for investigating funding opportunities and critically analyzing the criteria).

Long term (3 -5 years output/outcome)
E.3. As an internal review process, oversee and evaluate the implementation of the strategic plan.

“Chi Miigwetch to our amazing client’s, staff and partners for another wonderful year!”
Our Locations
(Charles, Gerrard, Queen):

4 Charles Street East
3rd Floor
Toronto, Ontario Canada M4Y 1T1
Telephone 416-657-0379
Fax 416-657-3436

179 Gerrard Street East
Toronto, Ontario Canada M5A 2E5
Telephone 416-920-2605
Fax 416-920-8876

225 Queen Street East
Toronto, Ontario Canada M5A 1S4
Telephone 416-360-0486
Fax 416-365-1083