

2020-2021 Annual Report



ANISHNAWBE
HEALTH TORONTO



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and Board President
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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 judgment 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.

Message from our Executive Director and Board President



Greetings and welcome to our Annual General Meeting for 2020-2021.

The past fiscal year has been unlike any other that we have previously experienced. COVID-19 dramatically changed our lives and greatly impacted how AHT would continue to carry out its work. Any and all plans made or actions taken, the COVID-19 virus became a central and determining factor. Social distancing, face masks and personal protective equipment, frequent hand washing and sanitizing became an increased part of our everyday language, communication and practice. Most of our service delivery occurred virtually or by telephone. All group programs were cancelled or held virtually/phone.

The challenge presented by the COVID virus became the main factor for developing innovative solutions regarding service and program provision. Our 'Mobile Healing' vehicles are an illustrative example. Staff teams on these vehicles brought primary health, wound care, chiropody, COVID testing and vaccinations to many different locations of our community in the GTA. The AHT mobile service received the 2021 Transformative Change Award from the Alliance for Healthier Communities. Additionally the service included research and evaluation by the Waakebiness-Bryce Institute for Indigenous Health at the

Dalla Lana School of Public Health.

In March 2021 agreement was reached on the sale of 225 Queen Street East and concluded in July 2021. The purchase included a lease back agreement allowing our occupancy until our new facilities are completed.

We continue developmental work with our Ontario Health Team. The application process to become an OHT has been closed. The Ministry has communicated that they are willing to consider receiving a proposal of our model.

Our housing program continues to be a success with 214 families were provided with rental subsidies and 281 were helped to retain housing during this reporting period.

Our Rapid Access to Addiction Medicine (RAAM) service received a capital allocation to purchase a vehicle, adding a mobile feature to this service. This is a unique model among RAAM programs.

We successfully recruited for the Director, Special Projects position. Michael Milward the successful candidate has been developing our Long Term Care project. He also is working on the Training Program for Osh-ka- be-Wis, Ceremonialists and future Traditional Healers. A series of videos that will feature Traditional Healers and Elders sharing stories, teachings and histories will be developed. These videos will be made available to our community. The

Anishnawbe Health Foundation will assist with the funding for this project.

As you can appreciate much of our activity during this period has been COVID related. Some of this activity included food security & distribution. We provided 5480 food hampers or food cards for families and seniors who faced food security challenges.

Isolation and rapid housing was provided during the pandemic for approximately 80 individuals during December through March. Often the rapid housing led to more permanent housing for many.

Additional resources for COVID screening and tracer staff were secured. Increased nursing and administration staff were hired to help provide vaccination and testing services augmenting our mobile units.

It has been an honor for all of us at AHT to serve the community. We very much appreciate the voluntary time and effort provided by each and every board member and the particular challenging work of all staff and volunteers. The past year has been a very difficult one in terms of the pandemic. Unfortunately it will continue for the foreseeable future, but further down the road, hope remains.

Meegwetch

Marian Jacko
President,
Board of Directors

Joe Hester
Executive Director Mukwa Dodem
Cree Nation

Our Board of Directors

The Board of Directors is a committed and talented group of individuals who take on the responsibilities of governance.

Meegwetch!

Marian Jacko, President
Clio Straram, Vice-President
Carol Kuleba, Treasurer
Billie-Jo Goulais, Secretary
Annelind Wakegijig, Member
Kyle Grover, Member
Mark Atanasoff, Member
Crystal Lynn King, member
Nicole Mathias, member

Auditor's Report



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222 Bay Street
Suite 2200, PO Box 131
Toronto, ON M5K 1H1 Canada

REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

To the Members of Anishnawbe Health Toronto

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2021, 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, 2021.

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 8, 2021.

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.

The Audited Consolidated Financial Statements and Our Report Thereon

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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) 810, *Engagements to Report on Summary Financial Statements*.

BDO Canada LLP

Chartered Professional Accountants, Licensed Public Accountants

Toronto, Ontario
September 14, 2021

Auditor's Statement



Summary Statement of Financial Position

As at March 31

2021

2020

Assets Current

Cash and restricted cash	\$ 20,806,202	\$ 5,983,420
Short Term Investments	3,368,550	3,700,000
Accounts receivable	461,306	469,489
Prepaid expenses	91,902	89,243
	<u>24,727,960</u>	<u>10,242,152</u>

Fixed assets

Development costs

	533,246	447,491
	<u>6,269,966</u>	<u>4,521,752</u>
	\$ 31,531,172	\$ 15,211,395

Liabilities and Net Assets

Current

Accounts payable and accrued liabilities	\$ 602,187	\$ 1,476,736
Deferred revenue	1,673,054	4,579,218
Due to funders	2,803,225	2,469,777
	<u>5,078,466</u>	<u>8,525,731</u>

Deferred capital contributions

	23,960,815	4,478,161
--	------------	-----------

Net assets

	29,039,281	13,003,892
	<u>2,491,891</u>	<u>2,207,503</u>
	\$ 31,531,172	\$ 15,211,395

Summary Statement of Revenues and Expenses and Changes in Net Assets

For the year ended March 31

2021

2020

Revenues

Unrestricted

Toronto Central Local Health Integration Network	\$ 6,297,591	\$ 6,549,197
Other programs	5,681,574	4,952,918

Restricted funds

	932	1,413
	<u>11,980,097</u>	<u>11,503,528</u>

Expenses

Unrestricted

	11,694,944	10,871,878
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Restricted

	765	3,766
	<u>11,695,709</u>	<u>10,875,644</u>

Excess of revenues over expenses for the year

	284,388	627,884
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Net assets, beginning of year

	2,207,503	1,579,619
--	-----------	-----------

Net assets, end of year

	<u>\$ 2,491,891</u>	<u>\$ 2,207,503</u>
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Traditional Services



Babishkhan Unit

Our Wellbeing

The Traditional Team continues to be the core of AHT's organization and throughout the pandemic has worked with all programs. The Traditional Healers and Helpers have continued to provide care to community both in-person and virtually. Some ceremonies have been paused due to COVID restrictions and we continue to assess for the right time for a restart that maintains the health of the Healers and the community.

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. Most of these ceremonies have been paused since the onset of the pandemic and we look forward to restarting all of them.

The Healers are well integrated into many programs that are offered by AHT, doing teachings for the Community Health Worker Program students, providing direction to the community outreach programming for the two spirited and trans community members and working with our clients in group sessions to promote Aboriginal mental health. 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 as we honour the end of life as well as new life within our community.

All of the Traditional Healers will visit schools to provide the youth with their spirit names, a

key part of identity, starting them on their path to learning who they are.

The Palliative Care team was comprised of 2 social workers who worked closely with the Traditional team. The program provided cultural supports and resources for palliative clients and their families, to share their understanding of life and their journey within the circle of life. The aim of the program was to improve the quality of life for clients through ceremonies, medicines, traditional practices and teachings. The Healers, Elders and Medicine People shared their teachings to understand the balance of the cycle, within the palliative care experience, for both the client and their family. The service was mobile, and the Traditional Palliative Care team traveled to the client. The program was able to support 18 clients during the duration, which was limited to the 2019-2020 fiscal year due to lack of ongoing funding.

Our healers continued to connect with clients virtually or by phone. We also started to deliver medicine to clients who were not able to travel through the pandemic. (Elderly, people with physical disabilities, and immune compromised people) Heaven's medicine was also delivered and information pamphlets were given with the medicine to educate our people about its properties and usage. Cold calls were made to all Healers clients; informing them that we are doing phone encounters, and the importance of staying in touch with their Healers throughout this pandemic. We also still did fires on Fridays to burn and take care of the offerings that were given to us for the medicines and Healers. The Healers also did Zoom calls for teachings and workshops.

Mental Health Services

Our mental health services have continued to offer a multi-disciplinary approach to care. We offer counselling services that include mental health counsellors, traditional counsellors, and psychiatry support. Case management has not seen any reduction in cases during the pandemic, as community members seek support to deal with the distress of social isolation and the closure of many of the external services they rely on including foodbanks and social recreational opportunities. During the pandemic, case workers and housing workers supported the vaccine clinics, greeting community members and attending to administrative responsibilities connected to the registering of clients and documenting vaccinations. Clients can self-refer for an intake into any AHT program.

Scope of our Services

- Traditional Services
- Traditional Counselling
- Mental Health Counselling
- Couples and Family Counselling
- Traditional Youth Counselling
- Walk-in/Phone-in Counselling
- Child and Family Therapy
- Psychiatry and Psychology Services
- Substance Use Supports
- Indigenous Supportive Housing Program
- 2 Spirit Trans Counselling and Peer Support Services
- Youth Outreach Worker
- Babishkhan Circle of Care Program
- Community Health Worker Program
- Case Management Supports



Rapid Access Addiction Medicine Program (RAAM):

The fentanyl overdose crisis continues to disproportionately affect the Aboriginal community and for those who are opioid dependant, it is as great a threat to mortality, as the COVID pandemic. Fentanyl continues to be a contaminant of marijuana, crack cocaine, methamphetamine and other illicit drugs.

The case load of the RAAM program has continued to increase 300%. We were successful at securing the funding for an addiction medicine physician and we also have an NP and a new coordinator.

We are completing plans for a mobile RAAM which is the first of its kind. This will allow us to provide a strategic and rapid response to the need for in-place care, for those who are not able to travel to appointments downtown. This innovative service will bring life-saving opioid replacement therapy directly to neighborhoods where First Nations community members are trapped by lack of resources and opportunistic drug dealers.

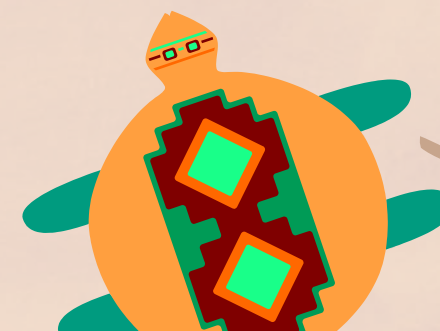
Aboriginal Mental Health & Addictions Program (AMHA):

The impact of the pandemic has been significant for the AMHA program, as most of the staff left to take new positions in other organizations. Despite this, we have been able to respond to every request for counselling but group work has not been available due in part to COVID safe distancing protocols. We continue to develop plans for more cultural content in the groups, in order to recenter Traditional perspectives on recovery and wellbeing. We have begun hiring and one weekly virtual group has been running successfully with two more coming soon. We are also planning some evening and weekend programming which will be available virtually.

We are awaiting the first opportunity to facilitate a series of landbased activities and ceremonies, as soon as it is safe to do so.

Two-Spirit & Transgendered Program:

The Two Spirit Trans Services continues to see growth in numbers of participants. We did hire a new Two Spirit Trans counsellor. Chris Pike has moved into this role, after his departure from the AMHA program. Kira Vallen continues to provide peer supports and has fostered some beneficial connections to other community agencies that provide enhancements to the Two Spirit Trans community including hormone therapy, surgery and transitional housing exclusive to this population.



Healing

Babishkhan Unit

Waash-Keshuu-Yaan Unit

Indigenous Supportive Housing Program:

The ISHP (housing) program has continued to provide affordable and safe housing to families and single men and women throughout the year. We did receive some pandemic funding specific to short-term gapping subsidies, intended for those who are in between jobs that were impacted by the pandemic or for those on EI who have not been able to make rent on a reduced income. Those subsidies will end in March 2022.

The last fiscal year saw 281 households receive supports to secure and retain housing and over 200 households received monthly rent subsidies. We are awaiting formal confirmation of a 1-year extension of the subsidy funding.

Diabetes Education Program (DEP):

We have been working to pivot towards virtual groups for clients that have access to the technology. We have been successful with Spiritual/traditional focused groups and virtual cooking groups. Some of the recipes we've made include jerk chicken with rice and peas, Vietnamese noodle soup and fish tacos. To address some of the concerns that our clients have been identifying, we have been starting to develop some online content on our Facebook and Youtube channels to reach our clients in different ways. We have been creating short instructional videos and tutorials as well as infographics to reach our clients that are focused on all aspects of health – mental, emotional, physical, and spiritual health.

The majority of our encounters have been completed either on the phone or virtually to help keep clients safe at home particularly in provincial lockdown orders. We continue to see clients in clinic for foot care, insulin and medication education, and for clients without access to phone or internet. The shift to phone and virtual visits has really improved our clients' access to our services, making it easier to follow up more often. We will likely continue to use phone visits more often in our practice, however look forward to more face to face encounters with clients when it is safe to do so as it is also good for building

rapport and minimizing the social isolation that many of our clients are experiencing. We have found that there is a great interest for our online content and groups around spiritual health and have had some good engagement when posting general infographics. Based on the analytics of the online content, we are pleased to see that people can access this information at their convenience. This has resulted in casting a wide net to over 950 followers that view our content regularly. This is something we are going to continue to pilot in the new fiscal year to see if we can find more creative ways to engage our clients, provide some education pieces that we are hoping will reconnect them to our services for further support or education in their diabetes management or prevention of diabetes.

Oshkii Okitchiidak Youth Program:

The Oshkii program has been meeting online throughout this past year, and we have successfully built an online community. The majority of our programming has been focused on wellbeing, traditional teachings, connection, life skills, food supportive measures, back to school supports, and providing a youth focused vaccination clinic. We have also been providing online and in person counselling for our Oshkii youth, and look forward to getting back to a mix of in-person programming, as well as virtual programming once it is deemed safe to do so.

2020-21 Clients/Visits/Sessions



Maternal Infant Program:

To help maintain the circle of care during the pandemic, the program incorporated one on one virtual counselling for prenatal and postnatal women to aid in infant care and child development and also check in with new moms, caregivers, partners, and their families. Our program still continues to facilitate group workshops three to four times a month. We ensured that referrals were on-going to other services here at Anishnawbe Health Toronto to support the mental, emotional, spiritual and physical wellbeing of our clients. Examples of referrals include housing support and traditional healing. We ensured the safety of our clients by providing the service of dropping off grocery kits and supplies for arts and crafts for the days we hosted community kitchens and other workshops.

Primary Care Services:

Our services continue to meet the needs of the community through phone visits and also offering in-person appointments as needed. The shift to phone and virtual visits has really improved our clients' access to our services, making it easier to follow up more often.

Traditional Services Babishkhan Unit

2,767
Total Unique
Clients

584
Clients

1,730
Visits

"1 Client was seen approximately 9 times for their care"

1,523
Clients

11,292
Visits

1,533
Clients

12,303
Visits

827
Participants

COVID Vaccine Clinic

14
Sessions

2,142
Visits

1,890
Clients

Mobile Unit COVID-19 Test

25,325
Total
Encounters

193
Sessions

10,278
Visits

5,647
Clients

90
Group
Sessions



Over the past year, some Babishkhan staff have continued to rotate between work from home and on-site in-person care. We continue to prepare to have all staff return to on-site service delivery and we have been initiating that dialogue, to identify any supports that staff will require for this transition. Virtual options including telephone, have been available for clients and service provision has remained stable and steady for clients accessing Traditional Healers, housing supports, psychiatry and psychology care, RAAM (rapid access to addiction medicine), the Community Mental Health Worker Program, and case management.

Since July 2020 we have been successfully providing rapid housing, which in the context of the pandemic,

has allowed us to move people who are sleeping in encampments or are generally homeless, into a clean safe and welcoming hotel. We have an agreement with the Pembroke Inn to provide 14 nights of accommodation per day, each room with its own bathroom and two daily meals are included. This agreement is sustained by pandemic funding.

AHT began holding COVID vaccination clinics in January. The clinics have been offered both on and off-site and from January to April were vaccinating an average of 200 people per clinic. This was supplemented with larger vaccine events that served in some cases, over 600 individual community members. The total number of vaccinations from January 2021 to March 31, 2021 is 2071.



COVID-19 Response



Mobile Health:

The Mobile Health team has continued to provide COVID testing across the GTA on a daily basis. From June 2020 to March 31, 2021 we conducted a total of 7791 tests. The team provided medical and food supports to positive cases who were isolating at home. The Mobile Services has also been doing testing but in January when vaccinations began, this team shifted to supporting mobile and on-site vaccination clinics.





Anishnawbe Health Foundation

A message from Andre Morriseau, Chair of Anishnawbe Health Foundation

Looking back on 2020/2021, it was another challenging year in the ongoing fight against the COVID-19 pandemic and its significant impact on the urban Indigenous community in Toronto. Despite these unprecedented challenges, our donor, partner and volunteer commitment to Indigenous health and healing remained strong, as you will see reflected throughout this year's annual report.

During this challenging year, the Foundation disbursed more than \$254,000 to Anishnawbe Health to support COVID-19 relief efforts and to support organizational capacity. At the same time, we worked to raise funds reserved to support the new home for Anishnawbe Health Toronto and to expand programs to reclaim Traditional Healing, including initiating a fund to support Traditional Knowledge Training. Overall, donors and supporters contributed nearly \$2.4 million to our Foundation in 2020/21.

With support from new pledges and gifts from major donors including Anne-Marie Ambert, FOAMCO, the Shah Family & Shreya Shah, the TMX Group, Vohra Miller Foundation and Waasagamik, AHF closed in on its \$10 million goal in advance of the ground breaking for the new health centre. Please take a moment to review our donor list in this report on page 13.

Our Annual Fund also grew considerably to over \$300,000 in the 2020/21 year, driven by support for COVID-19 relief efforts and increased public awareness of the need for social justice and equitable health care. Our Sweetgrass Monthly Giving Circle, launched in 2019, grew to more than 100 members by year end. Giving Tuesday

continued to gain momentum across Canada and for the Foundation, with the number of donations increasing by 157% over the previous year and nearly \$10,000 raised in one day.

In November, the Indigenous Peoples' Landscape campaign launched on National Philanthropy Day, to call on members of the Indigenous community to continue the spirit of philanthropy that was at the root of AHT's founding in the early 1980s. The First Peoples' Landscape at the new home for AHT will celebrate the beauty and power of nature and offer a space for all community members to connect to land and medicine, and participate in ceremony. Thank you to our Circle of Landscape Cultivators chaired by AHF Board Member Elisa Levi and to artist Emily Kewageshig for contributing the artwork for the campaign's virtual donor wall. We encourage you to visit supportanishnawbe.ca to view this donor wall to see the members of the community who contributed and/or who were honoured by a donation to this project.

Our calendar year-end giving for the winter solstice was bolstered by a matching campaign from the Mii-gi-we-Zha-way-nim-Manitoo (Kind Spirit that Gives Unconditionally) Fund at the United Church of Canada Foundation. In less than two weeks, the match was more than doubled.

Unfortunately, due to the continuing pandemic, our third-party in-person events including our June Reception and the Gardiner Museum's Empty Bowls were cancelled for the second year. However, not all was lost. Our friends at Old's Cool General Store once again supported Indigenous health in Toronto

by selling 550 Orange Shirt Day t-shirts, designed by Ojibwe artist Kindhearted Kwe. The Foundation was also selected as an official charity of the Scotiabank Toronto Waterfront Marathon Charity Challenge. With the leadership of volunteer Joanne Millard, walkers had the opportunity to participate in a special Don to Downtown Walking Tour highlighting Indigenous culture, art and history. Thanks to volunteers and staff \$12,000 was raised.

Volunteers continued to be vital to our work during 2020/21. More than 500 volunteer hours were contributed to our food hamper deliveries which delivered food hampers and gift cards to those most at risk of contracting COVID-19 in the lockdown periods. Volunteers and staff delivered over 75 holiday hampers including food, frozen turkeys, and toys from the CP24 CHUM Christmas WISH to families from AHT's Family Program. Chi-Miigwetch to The Rotary Club of Toronto, The Lunch Lady Foundation, the Trust Collective at the Toronto Foundation and donors with Anishnawbe Health Foundation for supporting this program. With your help, we were able to support 50% more families than the previous year.

I want to express my sincere gratitude to our donors and volunteers who have partnered with us this past year to support Anishnawbe Health Foundation's vision of healthy Indigenous peoples contributing to sustainable urban communities. Thank you again for your continued partnership, support and generosity.

All My Relations,

Andre Morriseau
AHF Board Chair

Please visit www.supportanishnawbe.ca to review the Audited Financial Statements of Anishnawbe Health Foundation for the year-ended March 31, 2021.

Anishnawbe Health Foundation



Anishnawbe Health
Foundation
SupportAnishnawbe.ca

Vision

Healthy Indigenous peoples contributing
to sustainable urban communities.

Mission

To inspire philanthropy to:

- Support an environment where the urban Indigenous community can heal spiritually, physically, emotionally and mentally by enhancing capital and program funding for Anishnawbe Health Toronto; and
- Foster the reclamation, preservation, research and application of traditional healing methods, including the sharing of these with all people.

Board Members

Anishnawbe Health Foundation Board of Directors 2020/21

Andre Morriseau, Communications Manager, Ontario Native Women's Association (ONWA) (Chair)

Cherie L. Brant, Partner, Indigenous Law Group, BLG LLP (Vice-Chair)

Lyndsay G. Brisard, MREI, BCom, CPM® Analyst, Investments, Canada Infrastructure Bank.

Brittany Decaire, Student, Nipissing University, Youth Representative (Elected June 2021)

Tim Laronde, National Director Indigenous Strategies at Chandos Construction

Kelly J. Lendsay, BSPE, MBA, CAFM, ICD.D, President & CEO, Indigenous Works (Elected June 2021)

Diane Gray, President, Ozhige Insulpanel Limited

Elisa Levi, MD RD MPH, Resident Physician

Judith Moses, President and CEO, Judith Moses Consulting

Margaret Purcell, MES, CFRE, Director, Individual Giving, Indspire ,
(Until November 2020)

Stephen Scott, Senior Manager, Investments, Canada Infrastructure Bank

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

Anishnawbe Health Foundation Finance, Audit and Investment

Committee Members 2020/21

Stephen Scott, Senior Manager, Investments, Canada Infrastructure Bank

Carol Kuleba, Anishnawbe Health Toronto Treasurer

Tim Laronde, National Director Indigenous Strategies at Chandos Construction (Joined June 2021)

Joe Bates, CPA, CA, Partner, MNP (Until November 2020)

Thomas C. Darnay, CPA, CA, CAFM, Chief Financial Officer, Indspire

Peter Godec, CFA, Partner, Jarislowsky Fraser

Jeff Pentland, M. Phil, LLB, Managing Director, Northleaf Capital

Victor Pelletier, Director, Indigenous Services, Dixon Mitchell

Kelly Rodgers, CFA, President, Rodgers Investment Consulting



*"Healing Medicine
Garden" by Emily
Kewageshig, created for
the Indigenous Peoples
Landscape campaign
virtual donor wall.*

12

Anishnawbe Health Toronto

JOE SYLVESTER HEALTH CLINIC



Anishnawbe Health Toronto Staff wearing their
orange shirts in support of Orange Shirt Day 2020.

Jade Elliot, 12,
Scotiabank Charity
Challenge participant
and highest fundraiser
on the Anishnawbe
Health Foundation
Team. Special thanks
to Julie Cookson,
Stephen Douglas,
Heidi Ebert, Jade Elliot,
Jeanette Howitt and
Joanne Millard who
each raised over \$500.



Anishnawbe
Health Foundation
volunteers Ray
Joshua (L.) and
Benita Black (R.)
getting ready to
deliver holiday
toys, turkeys and
food hampers to
over 75 clients and
families.



Anishnawbe Health Foundation

Our Donors Chi-Miigwetch! Nia:wen! Thank you!

Thank you to everyone who has made a gift to the Foundation to support health and healing for the Indigenous community. The following people and organizations have made a pledge or gift to Anishnawbe Health Foundation of \$1,000 or more between September 1, 2020 and August 31, 2021:

\$250,000+

The Krawczyk Family Foundation
Judy Winberg & Andy Pollack

\$100,000-\$249,999

Anonymous
Anne-Marie Ambert
Barry and Laurie Green Family Charitable Trust
The John C. And Sally Horsfall Eaton Foundation
Waasagamik

\$50,000-\$99,999

Michel & Doreen Bell
FOAMCO, the Shah Family & Shreya Shah
TMX Group

\$25,000-\$49,999

Greenrock Charitable Trust
Green Sanderson Family Foundation
The Snack Fund at Benefaction Foundation
Vohra Miller Foundation
Milton Winberg

\$10,000-\$24,999

Anonymous
Black and Indigenous Futures Fund at Toronto Foundation
Seon Joung Cho In memory of Hee Soo Byeon
Every Child Matters Ride for Reconciliation
Paul Gervan & Evelyn Bessette-Gervan
Nicole Gray, Stella Mclean and Leigh Tynan
The Hughes Family
Little Trinity Anglican Church
Metrix
Mii-gi-we-Zha-way-nim-Manitoo (Kind Spirit that Gives Unconditionally) Fund at United Church of Canada Foundation
Omar Khan
The Estate of Dr. Paul 'Doc' Morgan
Penguin Random House Canada
Reza Piroznia, Jewellery Jamboree Gems / RezaGemCollection
Ontario Power Generation (OPG)

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Schachter Family Fund at Toronto Foundation

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Gord Rand
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Maureen Young in Memory of John O'Leary
Youth and Philanthropy Initiative Canada

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The following donors were members of the Foundation's Sweetgrass Circle in 2020/21:

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The Foundation received donations to remember and/or honour the following special people between September 1, 2020 and August 31, 2021.

215 children in Kamloops
215+751
Accessibility Services Front Desk
Aleisha at 98 Superior
All Indigenous Peoples
All of our kids
All stolen children
All the children who were lost
Anishnawbe Health Foundation Staff
Anishnawbe Health Toronto Staff
Lucianna Adragna
Kwaku Adu-Poku
Marie Babau
Jennifer Bahinski
My akhsó'tha Lois Beaton
Alexandra Blight
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Donations of goods and services from the following people and organizations helped the Foundation throughout 2020 and 2021 (Sept. 1, 2020-Aug 31, 2021):

Eliane Brodhead
Roger Bywater
Corktown News
CP24 CHUM Christmas Wish
Brandon Jacko
The Lunch Lady
The Mask Initiative Richmond Hill
The Estate of Dr. Paul 'Doc' Morgan

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Judy Winberg & Andy Pollack
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