

# 2022-2023 Annual Report



**ANISHNAWBE**  
HEALTH TORONTO



## 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.



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## 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 Board President

The months of 2022/2023 marked the lifting of face mask and vaccination mandates associated with the Covid 19 pandemic. A re-opening and a return to normalcy was also underway.

**Through a collaborative** effort with Sinai Health and the Temmy Letner Centre of Palliative Care we began the work of developing an Indigenous Palliative Care model. Once completed it will be submitted to the Ministry of Health requesting operational resources for implementation.

**In addition to our request** for resources regarding the Palliative Care we also submitted a request for funding of a Mobile Service that will expand our primary care services increasing access for our community. The mobile service will target foot care, diabetes, women's health and dental. Rather than a bricks and mortar approach the mobile service will allow for flexibility to provide access closer to home for the client.

**One of our Special Projects**, the development and implementation of Long-Term Care (LTC) facilities and

service has moved forward. The Ministry of Health has allocated to Anishnawbe Health Toronto 128 beds. The City of Toronto has expressed an interest to partner with us on this project. The city has agreed to identify potential land to locate the service including first year management of the LTC service. This aspect of the project is a requirement by the Province for first time LTC operators.

**Beginning in November 1989** we renovated and commenced leasing the 225 Queen Street East property from the Royal Bank. In July of 2000 we purchased the property. We recently sold in July 2021. It is with hope that this asset will contribute to the realization of LTC services for our community.

**We have communicated to Toronto Public Health** that we are of the position that AHT manage the dental service upon moving to the new facility. Plans for this service include 3 operatories. Previously, the dental office has been located at our 179 Gerrard Street facility and managed by the City of Toronto.

**We have developed our Strategic Plan** for the next 5 years. The Plan is posted on

our website and can be viewed there. Our Operational Plan has also been developed by staff that identifies Strategic Plan implementation timelines.

**Finally, we accessed the High Priorities Community Funding** of Ontario Health. Through these resources we were able to increase our capacity to address diabetic needs in our community. Additionally, we expanded our capacity to increase accessibility to primary care through mobile delivery. Also, the wind down of vaccination activity related to covid and other respiratory illnesses were delivered through these funds.

### Meegwetch

Marian Jacko  
President,  
Board of Directors



## 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**, Member  
**Annelind Wakegijig**, Member  
**Kyle Grover**, Secretary  
**Mark Atanasoff**, Member  
**Crystal Lynn King**, member  
**Nicole Mathias**, member

# Auditor's Report



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## 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, 2023, 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, 2023.

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 5, 2023.

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

*BDO Canada LLP*

Chartered Professional Accountants, Licensed Public Accountants

Toronto, Ontario  
July 5, 2023



# Auditor's Statement



## Summary Statement of Financial Position

As at March 31	2023	2022
<b>Assets</b>		
<b>Current</b>		
Cash and restricted cash	\$ 34,938,833	\$ 36,084,607
Short Term Investments	408,373	295,000
Accounts receivable and harmonized sales tax recoverable	2,445,393	1,955,032
Prepaid expenses	110,018	104,729
Due from Anishnawbe Health Foundation	273,900	-
	<u>38,176,517</u>	<u>38,439,368</u>
<b>Fixed assets</b>	<b>633,016</b>	<b>554,746</b>
<b>Development costs</b>	<b>31,913,832</b>	<b>13,873,184</b>
	<u>\$ 70,723,365</u>	<u>\$ 52,867,298</u>
<b>Liabilities and Net Assets</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	\$ 7,458,593	\$ 3,560,266
Deferred revenue	3,359,757	3,419,765
Due to funders	4,443,013	2,827,719
	<u>15,261,363</u>	<u>9,807,750</u>
<b>Deferred capital contributions</b>	<b>45,401,237</b>	<b>33,910,728</b>
	<u>60,662,600</u>	<u>43,718,478</u>
<b>Net assets</b>	<b>10,060,765</b>	<b>9,148,820</b>
	<u>\$ 70,723,365</u>	<u>\$ 52,867,298</u>

## Summary Statement of Revenues and Expenses and Changes in Net Assets

For the year ended March 31	2023	2022
<b>Revenues</b>		
<b>Unrestricted</b>		
Toronto Central Local Health Integration Network	\$ 6,339,986	\$ 6,033,205
Other programs	7,697,201	14,146,774
<b>Restricted funds</b>	<b>1,688</b>	<b>911</b>
	<u>14,038,875</u>	<u>20,180,890</u>
<b>Expenses</b>		
Unrestricted	13,126,145	13,523,176
Restricted	785	785
	<u>13,126,930</u>	<u>13,523,961</u>
<b>Excess of revenues over expenses for the year</b>	<b>911,945</b>	<b>6,656,929</b>
<b>Net assets, beginning of year</b>	<b>9,148,820</b>	<b>2,491,891</b>
<b>Net assets, end of year</b>	<b>\$ 10,060,765</b>	<b>\$ 9,148,820</b>





## Traditional Services

Our Wellbeing

As the core of the organization the Traditional Team continues to play an integral role within AHT's programs and services. The team consists of Traditional Healers from various First Nations communities. Actively engaging with clients on a daily basis, they provide individualized healing sessions to promote spiritual, mental, physical, and emotional well-being. Supporting community members in their journey toward self-healing, balance, and wellness by offering traditional medicines, counseling, teachings, ceremonies, and doctoring. The Healers also work collaboratively with other programs and practitioners, offering guidance and consultation.

This year, the Traditional Healers and Helpers conducted a total of 1,220 client visits and provided traditional services to 664 unique clients. With the health and well-being of all members of the community in mind, some ceremonies remain paused. The exception to this is the Sweat Lodge ceremonies which we are pleased to be able to offer once again. The Traditional Team have continued to provide services that were introduced at the start of the pandemic. These services include remote sessions with Healers by phone; the delivery of

traditional medicine to community members who have travel limitations; as well as sharing cultural teachings with virtual group sessions with the Community Health Worker Training Program and the AMHA program.

### COVID-19 Response:

We have remained diligent to following all COVID public health recommendations and have been able to keep community members safe. We continue to present a strong defence against the infection by providing masks for clients and staff, maintaining sanitization stations, and providing AHT vaccination clinics.



## Babishkhan Unit

### Mental Health Services:

Our mental health services continue, to offer a multi-disciplinary approach to care, combining both traditional and western based counseling methods ensuring community members have access to what they feel would best meet their needs. Counseling service providers include – circle of care social workers, patient navigators, mental health counsellors, traditional counsellors, two-spirit counsellors and psychiatrists. In 2022 – 2023 our mental health team conducted 7,600 visits serving 1,712 unique clients. Clients can self-refer for an intake into any AHT program.

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
- Indigenous Supportive Housing Program
- Two-Spirit Trans Counselling and Peer Support Services
- Youth Outreach Worker
- Babishkhan Circle of Care Program
- Community Health Worker Program
- Case Management Support





## Rapid Access Addiction Medicine Program (RAAM):


Substance use disorders continue to disproportionately impact the Indigenous community. The illicit drug supply increasingly becomes more dangerous. The RAAM clinic continues to provide low-barrier access to individuals seeking physician and case management services. This year, the RAAM clinic and mobile unit which serves community members in the Scarborough area conducted 3009 visits supporting 357 unique clients.

### **A story from one of RAAM community member clients:**

“Tina” is a 32-year-old female with substance use history for 15 years who resides in West Hill, Scarborough with 2 others. All through her 20s, she struggled with alcohol use disorder while working in the restaurant industry. Her recreational use then developed into substance use disorder as she was not able to keep steady employment. Her drug use included cocaine, heroine, and in the last 3 years, fentanyl. She participated in AHT’s Aboriginal Mental Health and Addictions Program (AMHA) day program and attended AHT’s drop-in services 5 days per week for 20 weeks. When the Pandemic occurred, AHT was not able to offer in-person day program and maneuvered to a virtual service. Tina did not have the tools (phone, computer, internet, etc.) to participate in the virtual services. Being isolated from AHT’s services contributed to Tina’s relapse as she started to consume Fentanyl again. She lost all ID and has not been able to apply for Ontario Works (OW) or Ontario Disability Support Program (ODSP). Most days, she would spend her time at home trying to manage her withdrawal symptoms on her own with street supply. She tried to access addictions treatment for 2 years prior to learning about AHT’s RAAM clinic. Tina last saw a medical provider in her early 20s and reported that she is not comfortable going to hospital or accessing health care services due to her self-inflicted stigma.



Supported by RAAM Case Manager, Tina was able to attend phone appointments with AHT’s RAAM physician. Addictions medication therapy was initiated, and she was connected to OW services. She is stable on her medications and has resumed going back to work full time. She identified the following as on-going barriers she faces daily: lack of evening access to pharmacies in the GTA who dispense Methadone and Kadian medications; lack of primary care services for Indigenous People who live in Scarborough and have a long commute to AHT to access in-person day programs.”



## AMHA (Aboriginal Mental Health & Addictions Program):

The Aboriginal Mental Health and Addictions Program (Chayuuweyitim Unit) continues to place Aboriginal culture and tradition at its core. Our 20-week low-barrier day treatment program utilizes a client-centered approach where both individual and group counselling are utilized for a personal treatment program. In 2022-2023, there were 213 group sessions with 839 participants. Our hybrid approach to offering groups (sessions both virtually and in-person) has increased our ability to promote and connect our community members to services and programs they need. We are continuing our planning efforts to facilitate a series of land-based activities and ceremonies and are continuing to develop our program to incorporate more cultural content to promote recovery and wellbeing.





# Babishkhan Unit

## Diabetes Education Program (DEP):

As the end of the 2022-2023 year closed in, we began to see some new and disturbing trends in the increased presentation of uncontrolled diabetes. This is connected to the conditions described above, including associated issues of food scarcity that was further exacerbated by pandemic impacts on food and meal programs. Advanced lower limb ulcers requiring an intensification of primary care engagement and an increasing number of referrals to specialized vascular follow up resulted in new challenges for primary care and the diabetes team (DEP). This ignited a departure of the DEP team into tracking and monitoring client encounters with urgent emergency room and vascular care after noted inconsistencies determined this level of surveillance would be necessary to ensure AHT community members were receiving the escalation in urgent treatment. This is a work in progress.



## Indigenous Supportive Housing Program (ISH/P):

The Indigenous Housing Support Program (ISHP) at AHT has been highly effective in aiding the Indigenous community, which bears the heaviest burden of Toronto's housing crisis. This program's primary focus is assisting individuals and families with limited incomes who struggle to keep up with the escalating rent prices in the city.

Within our housing initiative, we assign dedicated housing workers who guide clients during apartment viewings and liaise with potential landlords to enhance the probability of successfully securing a dwelling. Additionally, our housing support workers assist clients in securing funds for the initial or final month's rent, as well as aid in housing and utility arrear support, and explore potential subsidy allowances.

In the current year, we conducted 606 client visits assisting 327 unique clients. We also supported an average of approximately 170 clients with rent subsidies and aided over 150 clients in managing rent arrears or securing their first month's rent. AHT's housing team is committed to providing comprehensive assistance, including mediating with landlords to prevent evictions and accompanying clients to Landlord and Tenant Board hearings, advocating for them and alleviating the stress that significantly impacts our clients' mental well-being. We take immense pride in helping our clients navigate through the housing crisis in the city and look forward to assisting many more to come.







# Waash-Keshuu-Yaan Unit

## Primary Care Services:



The COVID pandemic was still an influential factor for the delivery of primary care and community members' behavior surrounding access, during the 2022/2023 year. Active cases of the coronavirus and the emergence of RSV during the fall and winter months, combined with the impact of earlier prolonged isolation, continued to play a role in heighten community concern about infection transmission and risk management. This translated into continued caution and reluctance of clients to engage in local travel, the residual fright and distress produced by the pandemic informing decisions about how and when to access care. This is reflected in the primary care data. Phone appointments did begin to recede and there was a slow gradual climb of in-person visits.

In-person visits:	4963
Phone appointments:	3408
Other:	180
(includes visits conducted over email, video)	
Third Party:	1634

While total number of clients served was slightly lower than PRE-COVID data, there was greater complexity of presenting health issues. In part, this was a result of clients waiting longer to initiate care. Similarly, these conditions described above, produced a rupture in ongoing treatment follow up for chronic disease, as clients struggled

to navigate personal and systemic barriers to actioning lab work, and specialist appointments in the larger health care system.

Total number of visits:	10185
Total number of clients served:	1716
Total number of new intakes:	481

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## Mental Health Conference - April 2022:

In April 2022, Anishnawbe Health Toronto hosted a 2-day virtual conference focusing on mental health and addictions. We had an exciting line-up of presenters and performers who delivered dynamic and engaging sessions dealing with a range of relevant issues.

Each topic touched on not only identified mental health challenges but also the provision of pathways to improve health outcomes, all of them centered on Traditional healing and teachings.

We had over 200 participants who logged in from across the country. There was lots of laughter and joy, some tears and hugs across the internet.

The conference was professionally promoted and produced by 50/50 Performing Arts Collective, tailoring the event to the goals of Anishnawbe Health Toronto, in support of strengthening Indigenous identity and community health.



# Waash-Keshuu-Yaan

## Traditional Palliative Care Advisory Committee:

Anishnawbe Health Toronto began working on a proposal for a new rendition of the Traditional Palliative Care project that was briefly funded back in 2019. There had been a significant amount of consultation on that initial version, and it remained foundational in guiding the development of a proposed new program that will have as its central focus “Giwe Win” meaning “showing the way home”. There is a strong emphasis on the critical goal of reclamation of culture and ceremonies, excavating the Traditional knowledge and teachings about the art of going home, which were lost during the fracturing caused by colonialism.

The proposed program would support family along with those community members who are living in that important space at the end of life. Clients would have access to Traditional ceremonies and Healers as Spirit prepares for the journey home. An Oshkebewis and social worker would assist in a variety of processes that are tied to end of life and after death. Family members would continue to receive assistance for up to one year after the passing of their loved one.

The proposal is being led by the leadership of AHT and in partnership with Mount Sinai Hospital. At its maturity, this proposed program would be integrated into Ontario Health Teams so that Indigenous clients have multiple pathways into Traditional palliative care. In this way, it would forge structural changes to the health system as it relates to the Indigenous community, accentuating Traditional cultural knowledge and approaches to care. The proposal will be submitted to the provincial funder in May of 2023.

## Oshkii Okitchiidak Youth Program:

The Oshkii program ramped up in-person services, leaving behind the virtual programming developed during Covid. Youth engaged in a range of activities organized on a monthly calendar developed by the Oshkii staff. This included:

- Drumming and singing
- Traditional Teachings
- Social/recreational activities at the YMCA and Sky Zone
- Moving Nights
- Special Events featuring Indigenous
- Theater Performance and Art
- Cooking
- Camps

The youth and their parents and siblings gave an enthusiastic response to the opportunity to return to camp programming. The first camp since the onset of the pandemic shut this type of activity down, was held in July with over 40 participants. This camp had an intergenerational theme and included the much-anticipated participation of Elders from the diabetes program.


Planning went into ensuring that everyone was fully engaged in a range of activities that required

varying levels of physical activity. The group spent 4-days in Minden Ontario, occupying cabins that were equipped with hot showers and flush toilets, meals prepared and served at the dining hall which supported lots of community interactions and a welcoming climate of collaboration and unification. Fireside teachings in the evenings marked the end of each day and sunrise ceremonies brought everyone back together in the morning. The camp closed with a Traditional give-a-way ceremony, and everyone got back to AHT with lots of new stories and enduring relationships.

A second Oshkii camp in February was also well attended by the youth and provided a winter theme of snow shoeing and outdoor education. The Traditional teachings were a mainstay and worked again to build and nurture strong Indigenous identity over a 3-day camp adventure.







## CHUM & Anishnawbe Health Toronto Family Hamper CAP Report 2022:

The 2022 Chum Christmas Wish initiative at Anishnawbe Health Toronto provided gifts and meal hampers to a total of 138 families. In total, approximately 552 community members were supported through the program. These households were comprised of an average of three children and one guardian/parent.

Approximately 339 toys, and one hundred stocking stuffers were delivered to us through CHUM. We are excited to add that the Russell Alexander Collaborative Family Lawyers donated approximately sixty additional toys.



Anishnawbe Health Foundation, Russell Alexander Collaborative Family Lawyers, Dales Pharmacy, and Patty Flemming enhanced the resource supplies, providing 25 extra family hampers, and contributed to the CHUM hampers with toys and stocking stuffers. Patty Flemming purchased a gift basket for a family that lived outside of the CHUM area of the GTA.

The Foundation raised a total of \$23,000 with the help from The Rotary Club of Toronto, Nieuport Aviation, and 24 Good Deeds.

### **Senior and Vulnerable population group food security CAP mail out 2022:**

We had a total of \$15,000 donated from the Anishnawbe Health Foundation to the Senior and Vulnerable population gift card mail out.

Anishnawbe Health Toronto donated 110 gift cards for \$100 to Metro. In total we had 260 gift cards mailed out to clients in December 2022.

We selected clients 55+ with 3 or more health conditions, for a total of 380 applicants. We were able to confirm 270 of these clients who then each received \$100 Loblaw's or Metro gift cards.



## Special Projects - October 2023

This year, Anishnawbe Health Toronto has made great progress on a number of Special Projects.

### *Moving to Our New Home at 425 Cherry Street:*

As many will know, we are very close to transitioning to operations in our newly constructed health centre as part of the Indigenous Hub in the West Don Lands. Amalgamating three locations into one takes a considerable amount of coordination, but plans are well underway to ensure a smooth transition which will limit disruption to services. As part of the move planning, AHT is developing a plan to organize tours of the new facility for our clients and community partners. We understand for many who have known our Carlton, Gerrard and Queen Street locations as the home of their services for many years, there will be a transition period as they familiarize themselves with our new location. Our goal as an organization is to ensure our clients feel just as at home at 425 Cherry Street, a facility built with Indigenous culture and identity at its core.

### *Osh-ka-be-wis Foundational Training Program:*

An exciting feature of AHT's new home is the inclusion of classroom spaces and student study pods. We are excited to utilize these spaces as we look to the facilitation of the Osh-ka-be-wis Foundational Training



Program. This program aims to provide gifted Indigenous youth, identified by Traditional Healers as being gifted, the foundational knowledge the need on their journeys to becoming Osh-ka-be-wis and possibly themselves one day, Healers. This training program is grounded in Indigenous tradition and knowledge but will integrate some western education elements aimed at enriching the students' knowledge. The student selection process is set to get underway in the spring and will include ceremony to identify those who will start their journey. The training program itself is set to begin fall of 2024.

### *Indigenous Long-Term Care:*

It has long been recognized that our Elders require and deserve care later in life that supports Indigenous culture and tradition. Our Elders are the keepers of knowledge and wisdom, and the care they receive should respect and celebrate this. AHT recognizes this, and we are excited to pave a path forward, expanding our services to include Indigenous Long-Term Care. The process is underway to identify a site within the GTA that will be the new home for this centre. Culturally safe and appropriate care considerations will guide the development process, helping ensure Indigenous seniors' specific needs are met. The goal is to integrate Long-Term Care, Palliative Care and AHT's current services to provide a full range of services to the Indigenous seniors of the GTA.



# 2022-23 Clients/Visits

## AMHA

946 Visits  
240 Unique Clients

## CoC

940 Visits  
307 Unique Clients

## Counselor

2,948 Visits  
568 Unique Clients

## Psychiatrist

2,853 Visits  
719 Unique Clients

## Housing

1,220 Visits  
357 Unique Clients

## RAAM

3,009 Visits  
357 Unique Clients

## Trad

606 Visits  
664 Unique Clients

## Two Spirit

859 Visits  
118 Unique Clients

## DEP & DPP

1,252 Visits  
282 Unique Clients

## Physio

668 Visits  
245 Unique Clients

## Prepostnatal

111 Visits  
15 Unique Clients

## Primary

10,185 Visits  
1,716 Unique Clients

## Chiroprapist

885 Visits  
183 Unique Clients

## MCYS

80 Visits  
33 Unique Clients

## Mobile Healing Mobile Services

6,928 Visits  
2,809 Unique Clients

3,330 Visits  
1,859 Unique Clients

## AMHA

213 Visits  
839 Unique Clients

## Group Activities

## Traditional

11 Visits  
43 Unique Clients

## Oshkii

67 Visits  
747 Unique Clients

## DEP and DPP

11 Visits  
51 Unique Clients  
383 Unique Clients



Anishnawbe Health  
Foundation  
[SupportAnishnawbe.ca](http://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.



# Anishnawbe Health Foundation

*A message from Andre Morriseau,  
Chair of Anishnawbe Health Foundation*

I am delighted to address you as the Chair of the Board of Directors of the Anishnawbe Health Foundation in our annual report for the year 2022-2023. Throughout this year, we have witnessed remarkable progress and accomplishments that mirror our organization's steadfast dedication, the generosity of our supporters, and the extraordinary growth we have undergone.

The Anishnawbe Health Foundation has had another incredible fundraising year, totaling over \$2 million in support from donors. We have had tremendous generosity from individual donors, and the success that we have had would not be possible without their commitment and philanthropy to our mission. The Canada India Foundation (CIF) hosted a fundraising gala and chose the Foundation as its recipient in September. In March, staff and Board Members were pleased to welcome them to our Gerrard Street location to present a cheque for \$50,000, and CIF contributed an additional \$21,000 gift. The contributions of donors have not only provided much-needed financial resources but have also been a source of motivation for all of us. Your commitment, whether through recurring monthly donations or one-time gifts, serves as the life force of our foundation, and we are profoundly appreciative of your continuous support.

In September, Old's Cool General Store organized an orange t-shirt sale this year again, donating the proceeds to the Foundation; their contributions now exceed \$30,000 from this initiative. We had another successful holiday hamper drive for

Winter Solstice that included fresh food, turkeys, and toys for children. Through this initiative, driven by volunteers, we were able to support 700 clients, an expansion of 25% from the year prior. We have also received considerable support from the Laidlaw Foundation, Betsos, NIB Trustfund, Green Shield Canada, Barry and Laurie Green Family Charitable Trust, Comart Foundation, and The Krawczyk Family Foundation, totaling over \$1 million dollars. These initiatives and generosity highlight the power of collaboration, compassion, and our shared commitment to making a positive difference in the lives of Indigenous individuals, families, and communities.

As we stand on the threshold of a new year, it is incredibly inspiring to reflect on the triumphs and successes of the past year. The accomplishments achieved and the incredible support from our dedicated donors, partners, volunteers, staff, and fellow Board Members at the Anishnawbe Health Foundation fill us with immense pride and gratitude. We are fueled with excitement for the future, envisioning even greater possibilities and opportunities to come on the journey ahead. With generous support and a shared commitment to our cause, we are confident that together we will continue to make a meaningful difference and reach new heights in our mission.

All My Relations,  
Andre Morriseau  
AHF Board Chair



## Board Members

### **Anishnawbe Health Foundation Board of Directors 2021/22**

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

**Stephen Scott, MBA (Vice Chair)**, Director, Investments, Canada Infrastructure Bank

**Lyndsay G. Brisard, MREI, BCOM, CPM (Director)**, Analyst, Investments, Canada Infrastructure Bank.

**Brittany Decaire (Director and Youth Representative)**, Student, Laurentian University

**Diane Gray (Director and Past Chair)**, President, Ozhige Insulpanel Limited

**Tim Laronde (Secretary-Treasurer)**, National Director Indigenous Strategies at Chandos Construction

**Kelly J. Lendsay, MBA, CAFM, ICD.D (Director)**, BPresident & CEO, Indigenous Works

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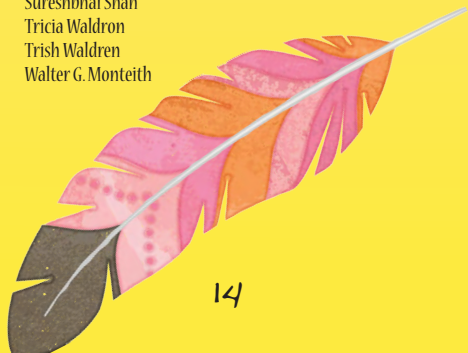
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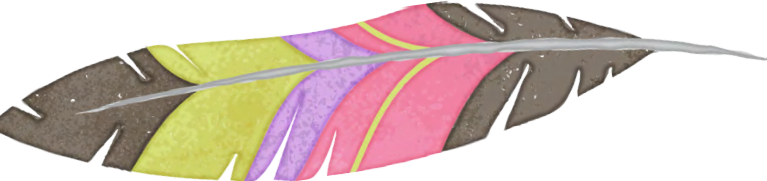
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