



# 2012-2013 ANNUAL REPORT

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# 2012 – 2013 BOARD OF DIRECTORS

### President

Doug Doolittle

### Vice President

Brad Johnson

### Treasurer

Pat Mandy

### Secretary

Lina Rinaldi

### Members at Large

Fred Loft  
Myka Burning  
Kevin Sulewski  
Terry Ramirez  
Peter Issacs

**De dwa da dehs nye>s Aboriginal Health Centre embodies the concept of:**  
**“Taking care of each other amongst ourselves”**

### Our Mission

To improve the Wellness of Aboriginal individuals and of the Aboriginal community by providing services which respect people as individuals with a distinctive cultural identity and distinctive values and beliefs.

# MESSAGE TO OUR COMMUNITY

**D**e dwa da dehs nye>s Aboriginal Health Centre works hard every day to bring the best possible service and support to the Aboriginal Communities of Hamilton and Brantford, Ontario.

As an organization run by and for Aboriginal People, we strive to live up to our name “De dwa da dehs nye>s” which when translated from the Cayuga language, embodies the concept of “Taking Care of Each Other Amongst Ourselves”.

We recognize the many health needs of our community, and the social determinants that affect our health as individuals who strive to survive and succeed in our life goals.

To meet the need of Our People, De dwa da dehs nye>s offers a number of traditional/cultural Health Services and Supports, as well as Western Medicine and its various services and supports. This includes the provision of Primary Care, Diabetes Management, Health Promotion, Transportation, Advocacy, Mental Health and Addictions, and Traditional Health Services and Supports.

It is our goal to always monitor and improve the service we provide, in order to give our patients and program participants the best health care, and service, that we can deliver.

In the fiscal year 2012 – 2013, the Board and Staff made significant strides to improve our quality of care, the number of programs and services provided, as well as to develop and nurture the infrastructure of the organization to support long-term sustainability and growth.

We have increased funder confidence as seen in the expansion of our budget, which has resulted in an increase of service being provided to our community, such as the addition of our new Child and Youth Mental Health Program.

In addition, we have polled our patients to better understand their perception of any interaction and their overall experience when visiting the centre. Overwhelmingly, our patients feel very satisfied with the service they are provided.

We are very excited about where we are headed and we hope that you will take part as we work hard to creating a strong and vibrant future for our community.

*De dwa da dehs nye>s Aboriginal Health Centre embodies the concept of:*

*“Taking care of each other amongst ourselves”*

Constance McKnight, CAE  
Executive Director



# PRESIDENT'S REPORT

I want to start by saying what a great organization that the De dwa da dehs nye>s Aboriginal Health Centre has become. I have heard nothing but good things over the past few years and this all this is due to all of the hard work and dedication of all employees, the volunteer leadership, and volunteers who assist at every turn.

With numerous changes that have been made by our staff and volunteers, to the updated medical equipment, and to the renovations to our clinics, it has been a stressful time. Everyone managed the change and plowed through each adjustment to the best of their ability. The dedication to managing the transformation proves what great aims can be achieved, even in tough times.

I am proud to be a part of this great and growing organization and proud of everyone here, as the Aboriginal Health Centre continues to offer the best in medical and spiritual care. Keep up the GREAT work and pat yourselves on the back. You all deserve it.

Doug Doolittle  
President



# EXECUTIVE DIRECTOR'S REPORT

**2** 012 – 2013 was a busy year of activity for De dwa da dehs nye>s. It was a year of improving services for our community, creating internal policy and direction, and one of improving relationships with the broader community sector within the Hamilton Niagara Haldimand Brant Local Health Integration Network's (LHIN) catchment area.

This year we lead the way for all Aboriginal Health Access Centres in the Province, as the first Aboriginal Health Access Centre to implement Nightingale on Demand, our new Electronic Medical Record (EMR). This EMR will help us to better service and support, not only the patients of our clinics, but will integrate the records of all program participants. This will enable our organization to better understand the needs of those we serve so we can offer additional services, increasing the quality of patient/ participant care and support to our community in the future.

Promotion of the "Our Health Counts" report was a constant theme during this fiscal year. "Our Health Counts" is a unique, collaborative research project developed by OUR First Nations community for the benefit of OUR people. It is the culmination of two and half years of work, bringing to light missing population-based health information on First Nations adults and children living in an urban setting. Seven hundred and ninety people living in the city of Hamilton participated in detailed discussions to help us better understand how their health, housing, poverty, history of colonization and culture intersect." The full report, and its findings, can be found at [www.ourhealthcounts.ca](http://www.ourhealthcounts.ca).

We also expanded our Mental Health and Addictions department to include Children and Youth Mental Health Programming and Support. This program partnered with our existing adult program to include family support, and child and youth support as part of a holistic approach. We provided education and support in groups and one on one counselling to youth, and children. This year we planted the seeds for a larger Child and Youth component in years to come.

Health Promotions programming expanded from Fetal Alcohol Spectrum Disorder and Child Nutrition Program, to include Smoking Cessation, Healthy Eating / Active Living,

and Diabetes Prevention programming. Although the funding of our unique Diabetes March Break Camp came to an end this fiscal year, we are very proud of the fact that we were able to bring this opportunity to the numerous families who participated over the years. We look forward to building on what we learned through that project to better serve our constituency as we move forward.

This year, like many others, De dwa da dehs nye>s acted as a flow through agency and coordinator for projects that serve the needs of other Aboriginal organizations in the LHIN catchment area. As it is, many Aboriginal organizations are unable to apply for health dollars, simply because of funding restrictions however, because we are a provincially recognized Health Care provider we are able to provide the opportunity for flow through allowing those organizations to continue to thrive. One such project this year was Cultural Sensitivity Training for front-line workers working in mainstream organizations. This was a project of the Aboriginal Health Network, a LHIN wide initiative, that was created to support the cultural sensitivity needs of front-line workers in mainstream organizations. De dwa da dehs nye>s was responsible for coordinating this project and plans to coordinate future Aboriginal Health Network cultural sensitivity training initiatives in coming years.

There are also numerous community activities and events happening within the organization at any time of the year. Our staff, very much look forward to getting involved in community activities that allow them to interact as individuals, not professionals. This year, some of these activities included the Brantford Easter Egg Hunt, the Brantford Christmas Party, the Hamilton Christmas Hamper project, the BOND Pow Wow that takes place every year at Gage Park in Hamilton, and annual Aboriginal Day festivities. These events bring the patients, participants, community, staff, and volunteers together in spirit and are positive experiences for all involved. These types of events emphasize the uniqueness of our community and all stakeholders involved with the organization.

Social Media involvement started at the end of the fiscal year with the usage of Facebook. Facebook is a commonly used application by many people within our community and it was

important for the organization to embrace this new medium of connecting with our constituency. The program offers a wonderful opportunity to advertise programs and events, as well as to receive direct feedback from our community. This will remain a practice of De dwa da dehs nye>s, offering an excellent example of what Quality Improvement is and demonstrates that when we improve on existing systems (ie. communication), we can better serve those who utilize our programs and services.

Quality Improvement is always on our minds here at De dwa da dehs nye>s, but during this last fiscal year, we have begun working with Quality Improvement in a more formal way. Everything we do and have ever done, has been based on improving our quality of service and support. As an organization, we have never formally put plans in place, measured results and reflected on future practice in a formal manner. During the 2012 – 2013 fiscal year, staff were introduced to Quality Improvement and the organization's governance (Board of Directors) began planning its formal processes to ensure that Quality Improvement was monitored and shared with the organization's stakeholders.

Regardless of where you find yourself within the Aboriginal Health Centre, the culture and traditions of Indigenous People are at its core. We recognize that culture need always be the cornerstone of what De dwa da dehs nye>s is. It is for this reason that you will find traditional and cultural practices being taught and shared within the service departments of; Mental Health and Addiction, Health Promotion, Advocacy and Outreach, and Traditional Healing. Although the Primary Care department of our organization is based on the Western model of medicine, it is easy to find access and referrals to traditional programs and support within our clinics as well.

Our Aboriginal Health Centre is unique. We have numerous programs, services, and activities which are wonderful however it doesn't make us much different than any other large community organization. We have tradition and culture at the core of our organization, but many other organizations would state that tradition and culture are core to who they are

and what they do as well. What truly marks us as unique, is the dedication, respect, and devotion of all of the volunteers, patients, program participants, organizational partners, our staff, and our Board of Directors. We all believe in what we do, how we fit into our community, and we know how to support each other. We are survivors, and we thrive well as a distinct organization, in a distinct community.

De dwa da dehs nye>s is growing. The first fifteen years of existence were our beginning, our infancy. We are now moving toward a new season of existence. A season of strengthening the programs and services that we currently offer, and of growth into new areas of health care, which have, up until now, been only provided by mainstream services and supports. We are the organization that best knows the needs of our urban Aboriginal communities of Hamilton and Brantford and we seek to better serve those needs.

Miigwetch,

Constance McKnight  
Executive Director

## TRADITIONAL HEALING

Traditional Healing utilizes cultural and non-cultural modalities through hands on healing from Traditional Practitioners. We also offer therapeutic traditional healing Circles/Courses which are designed to bring forth an awareness of the Spirit, Mind, Body connection.

**I**n 2012-13 we had community partnerships with Catholic Children's Aid Society of Hamilton, Children's Aid Society of Hamilton, Niagara Chapter of Native Women, and Honoring the Circle.

We continue to partner with both the Catholic Children's Aid and the Hamilton Children's Aid Societies for the new fiscal year 2013-14.

After 11 years as one of our Healer/Teachers, Geraldine Standup is no longer with us. She is older, and travelling so far, for so many years, has taken its toll and she has decided not to return after having taken a lengthy medical leave. We wish her well in her retirement.

This year we also partnered with the Haldimand Board of Education, specifically McKinnon Park Secondary School in Caledonia for Grief Recovery with some of the aboriginal students who had experienced an unusual amount of losses over a period of months.

Grief Recovery Circles and the Attitudinal Healing program were well attended this year, and we continue as in past years to receive appreciative testimonial and thank you letters from program participants. Often these programs are considered life altering by the program participants.

Elder Walter Cooke has had a very busy year as well. As a full-time Staff Elder, Walter frequents correctional institutions, community functions, facilitates Healing Journey Circles in Hamilton and Brantford, is often the Elder called on to open events, meetings, and conduct ceremonies throughout the Hamilton Niagara Haldimand Brant LHIN catchment area.

The Traditional Healing department works with a number of traditional healers, drummers, dancers, and caterers within our catchment area who can always be counted on to help other departments and organizations find the most culturally appropriate representation from our community, when organizing events.

Respectfully,

Janet Hill  
Manager of Traditional Healing Services



## PRIMARY HEALTH CARE

Primary Health Care at De dwa da dehs nye>s was comprised of three very different components in 2012 – 2013.

### CLINIC SERVICES

Clinic Services are provided in both our Hamilton and Brantford locations. We had five part-time Physicians and five full and part-time Nurse Practitioners who served the Primary Health Care needs of more than 2300 patients.

This year the Clinic has spent an incredible amount of time modernizing its Electronic Medical Record (EMR), putting forth a concerted effort to reduce the number of narcotic prescriptions, and has opened our patient waiting list at both sites.

Dr. Ally Prebtani, Endocrinologist, was welcomed as a volunteer to our Health Care team this year. Dr. Prebtani volunteers his time to support our clinicians. His expertise and input, when

treating patients with complex medical needs, is invaluable.

Quality Improvement also became a priority for the clinic and based on Client Satisfaction Surveys taken from the two clinics, we know that for the most part our patients are very satisfied. Our clients have been quoted saying; “This is the best healthcare I have ever had. Please stay the way you are”, “Love the staff”, “You are all in my good books!”. We also know that improvement is always necessary and therefore we have been working hard to make every patient visit to our clinics, the best visit possible.

## INTERNATIONAL HEALTH LITERACY AND CARDIOVASCULAR RESEARCH STUDY TEAM

Cardiovascular Disease (CVD), is a major cause of illness and death among Indigenous (Aboriginal) peoples. An essential part of care for patients and their families who have experienced, or who are living with heart disease or stroke is being able to provide the CVD patient and their family with access to information and resources.

In addition to providing the patient with information, the healthcare provider ensures the patient understands the health information that has been provided to them. This is called Health Literacy. The purpose of this 12 month study is to improve our patient's knowledge of medications, build confidence, and increase the patient's ability to manage their cardiovascular disease.

The CVD researchers are also focusing on ways to increase health literacy among healthcare workers who provide the resources, care and communication with patients who have high health literacy needs. During the 2012 – 2013 we completed Phase 1 and are currently in Phase 2 of the International Health Literacy and Cardiovascular Research Study.

During phase 2 of the project the researchers have been assessing whether patient participation in the CVD health literacy project is improving the patient's understanding of their medications and if their cardiovascular health literacy has increased the patient's confidence, understanding, and ability to manage, and live, with their heart disease.

## DIABETES MANAGEMENT TEAM

**T**he Diabetes Management Team consists of a Diabetes Nurse Educator, Dietician, and Diabetes Foot Care Nurse.

Our Diabetes Nurse Educator conducts initial assessments on all existing/ new clients enrolled in the program. A full Medical/ family history related to diabetes, pharmacological treatments, lifestyle/ dietary habits, objective anthropometric and lab data and individual sessions include, documenting and monitoring data related to long term complications. We also use a diabetes passport to identify patient goals and track progress by developing a client-centred, individualized care plan.

The Registered Dietitian of the Diabetes Management Team provides interactive one on one dietary counselling and group education sessions at both locations, Hamilton and Brantford. Our dietitian also provides individual client support, group education sessions, health promotion, weight loss counselling, heart healthy diets, balanced meal planning and promotion of active life styles. Client appointments are scheduled for 30-60 minutes for diabetes consultations, pre-diabetes and disease prevention counselling.

Our Diabetes Foot Care Nurse works within the Diabetes Management Team and in collaboration with the Primary

Health Care team to assess, develop, implement and evaluate clinical foot care needs for individuals with diabetes, pre-diabetes, and non-diabetics. To provide continuation of care, patients are scheduled for follow-up foot care appointments every 6-8 weeks.

This year, the Diabetes Team serviced both Hamilton and Brantford clinics, made house calls, and were involved in a number of community and organizational programs such as: Heartbeat of a Nation Diabetes Prevention and Traditional Practices, Active Start, Diabetes Group Education, March Break Camp, etc.

Respectfully,

Angela Naveau  
Manager of Clinic Services



## MENTAL HEALTH AND ADDICTIONS

The goal of the Mental Health and Addictions Services department of the Aboriginal Health Centre is to administer a mental health program for Aboriginal people that ensures Aboriginal people have access to culturally appropriate mental health services and programs, and to promote empowerment of Aboriginal people in determining their own mental health care needs.

**T**o accomplish our goal, we provide:

- Individual Counseling Services
- Couple Counseling Services
- Family Counseling Services
- Alternative Dispute Resolutions circles : Hamilton & Niagara regions
- Mental Health & Wellness Circle in Koo Ga Da Win (a Seniors initiative)
- Individual Support Services at Native Women's Center – Honoring the Circle
- Participation in Health Fairs and school based programming
- Individual Support Services for referrals from the Aboriginal Liaison program with the Hamilton-Wentworth District School Board
- Process referrals for mental health assessments
- Arrange psychiatric assessments for adult, child, and youth psychiatry

As we accepted our new referrals, 132 individuals were discharged from care.

We also witnessed 750 group participants taking part in 32 Group sessions.

Although we are very busy, we recognized that we didn't have the appropriate resources to best serve the children and youth of our community. At the end of the fiscal year, we expanded our Mental Health and Addictions department to include Children and Youth Mental Health Programming and Support. We have now planted the seeds for a larger Child and Youth program in years to come, and look forward to the growth of the Mental Health and Addictions department as a whole.

Respectfully,

Mona Hanna  
Manager of Mental Health and Addictions Services

During the 2012 – 2013 fiscal year, we served 560 individuals with 1737 visits.

We received 254 new referrals during the year. Many of which are referrals from our Primary Care clinics in Hamilton and Brantford. Other referrals are made by self-referral, and other organization referrals.



# DEPARTMENT REPORTS

## HEALTH PROMOTION

Health Promotions provides culturally appropriate services that facilitate the balance between the mental, physical, emotional and spiritual aspects of human life. Our perspective on health is one that views the individual synonymous with the family unit and with the overall community. The pursuit of good health is not a linear journey, but rather a continuous transition of cycles. We work within the many layers of complex barriers and social determinants of health to facilitate an alternate journey in the path of wellness and healing

**T**he Health Promotions department of De dwa da dehs nye>s engaged 5,373 participants in the capacity of outputting 252 different community events, workshops and programs within the fiscal year of 2012-2013, inclusive of both catchment sites.

Some changes in program funding transpired in 2012-2013. The Aboriginal Diabetes Initiative funding that was allocated for the March Break Family Camp since 1999 came to a close at the end of 2013. However, we acquired the three year com-

mitment of three new programs under the “Healthier YOU” umbrella which are: Smoke-Free Ontario, Healthy Eating Active Living and Diabetes Prevention. The FASD and Child Nutrition Program has a funding agreement until March 31, 2014.

Our programs are diverse and the innovation of them is largely interdependent on the relationships that we have with the various working groups in our catchment areas. We work actively with different sectors such as; child welfare, housing, friendship centres and schools.

### IN 2012-2013 HERE ARE SOME OF THE SERVICES WE PROVIDED:

- Food Security Initiatives: Community kitchens; Healthy cooking classes; Seasonal and traditional food workshops; Holiday community dinners for both Christmas and Thanksgiving; Canning workshops; Holiday hamper program.
- Diabetes Awareness, Prevention and Education: Monthly diabetes support circles; Foot care events; “A celebration of living well” for International Diabetes Awareness month; March Break Diabetes Prevention Family Camp, Fitness Classes.
- Community Outreach: Health fairs; Women’s support circles; Nutrition Bingo; Family Fun Day for International FASD day; Grandfather Drum Program in the Elementary Schools; Health teachings at Niwasa; National Addictions Awareness Week; Mental health week; Sisters in Spirit Event; Community Easter Egg Hunt.
- Smoking Cessation: Smoking Cessation Talking Circles; Tobacco Cessation Outreach; One on one smoke cessation counselling.
- FASD Prevention and Awareness: Resource development; community awareness training; diagnostic navigation for Aboriginal children under the age of 18.
- Traditional and Cultural Arts: Corn husk doll workshops; Turtle rattle workshops; Moccasin making; Dreamcatchers; Craft drop-ins; Traditional teachings; Welcoming Babies Ceremony.

It was our pleasure to offer these programs and services to our community. We continually endeavour to improve our quality.

Respectfully,

Anastasia Blackey  
Manager of Health Promotion and Education Services

## ADVOCACY AND OUTREACH

Advocacy and Outreach Services works to support Aboriginal community members with access to culturally appropriate health-care and to promote the empowerment of Aboriginal people in determining their own health care needs

**A**reas of service include, but are not limited to:

- Assisting with issues regarding education, income, employment & training, life style - diet, housing, life skills; ie: ODSP, Ontario works, CPP - Disability & Old Age, EI Benefits, WSIB applications & Claims, etc.
- Providing client case management services - Holistic Approach (internally & externally within the communities)
- Providing Aboriginal patient advocacy in hospitals; Emergency Room, Urgent Care Clinics, & Walk-in Clinics.  
-Supporting/providing services in area hospitals to address language barriers, ensure patient and family understand diagnosis, treatment & accommodate Cultural & Traditional Barriers
- To arrange Cultural & Traditional Services requests in area hospitals i.e: Elders, Traditional Healers, Traditional Midwives, Medicine people. Language Interpretation/ Translation Request i.e: Cree Language
- Access to Traditional Medicines- cedar, tobacco, sage & sweet grass for individuals.
- Home Visits - Meet with Individual in their own home, Intake and assessment of the needs of the individual.
- Lobbying to ensure that there is Aboriginal representation on health related decision making bodies, committees and boards;
- Reporting incidences of discrimination to appropriate authorities;
- Client/Patient Support & Advocacy to Medical &/or Social Services -supporting individuals in system navigation;
- Information Dissemination.

**During the 2012 – 2013 fiscal year, 645 individuals were served through in-office appointments, walk-in, phone calls and crisis calls.**

We performed 12 home visits with outside agencies and internal programs/ services to ensure individuals are receiving the most appropriate health care, home care, medical supplies and equipment. We continue to develop relationships with CCAC - Hamilton and Brantford, Life Long Care Program at the Hamilton Regional Indian Centre, and the Aboriginal Healing Wellness Program at Brantford Native Housing.

Respectfully,

Tara Williams  
Manager of Advocacy and Transportation Services

# ABORIGINAL HEALTH ACCESS CENTRES

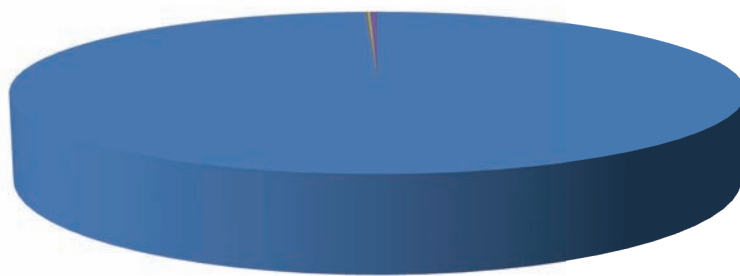


CORE ATTRIBUTES DE DWA DA DEHS NYE>S AND  
OF ALL OUR SISTER ABORIGINAL HEALTH ACCESS  
CENTRES IN ONTARIO

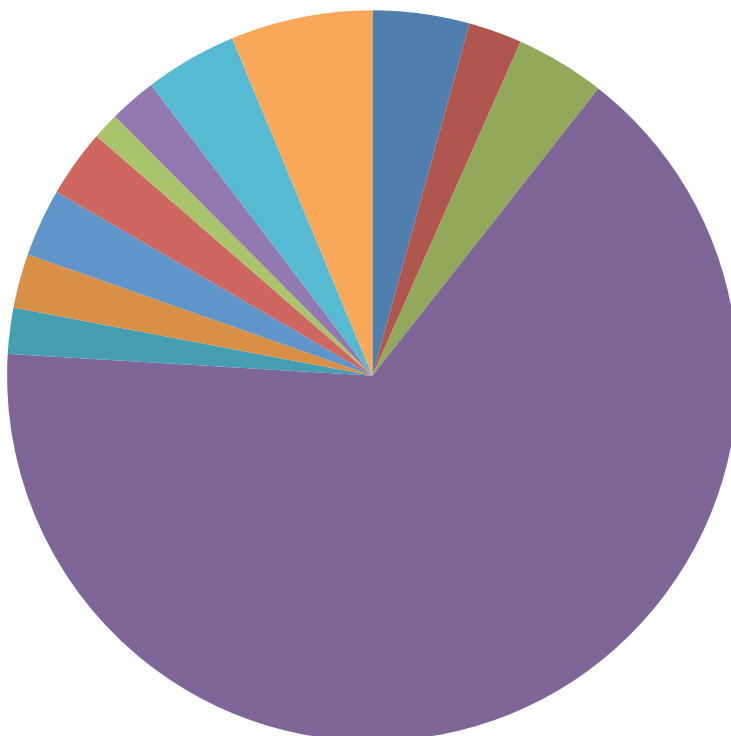
# 2012-2013 FINANCIAL SUMMARY

## 2012-2013 REVENUE BY FUNDING SOURCE

The Auditing Firm, BDO Canada LLP, offered an unqualified audit opinion for the 2012 / 2013 fiscal year.  
Copies of the audited statement are available upon request.

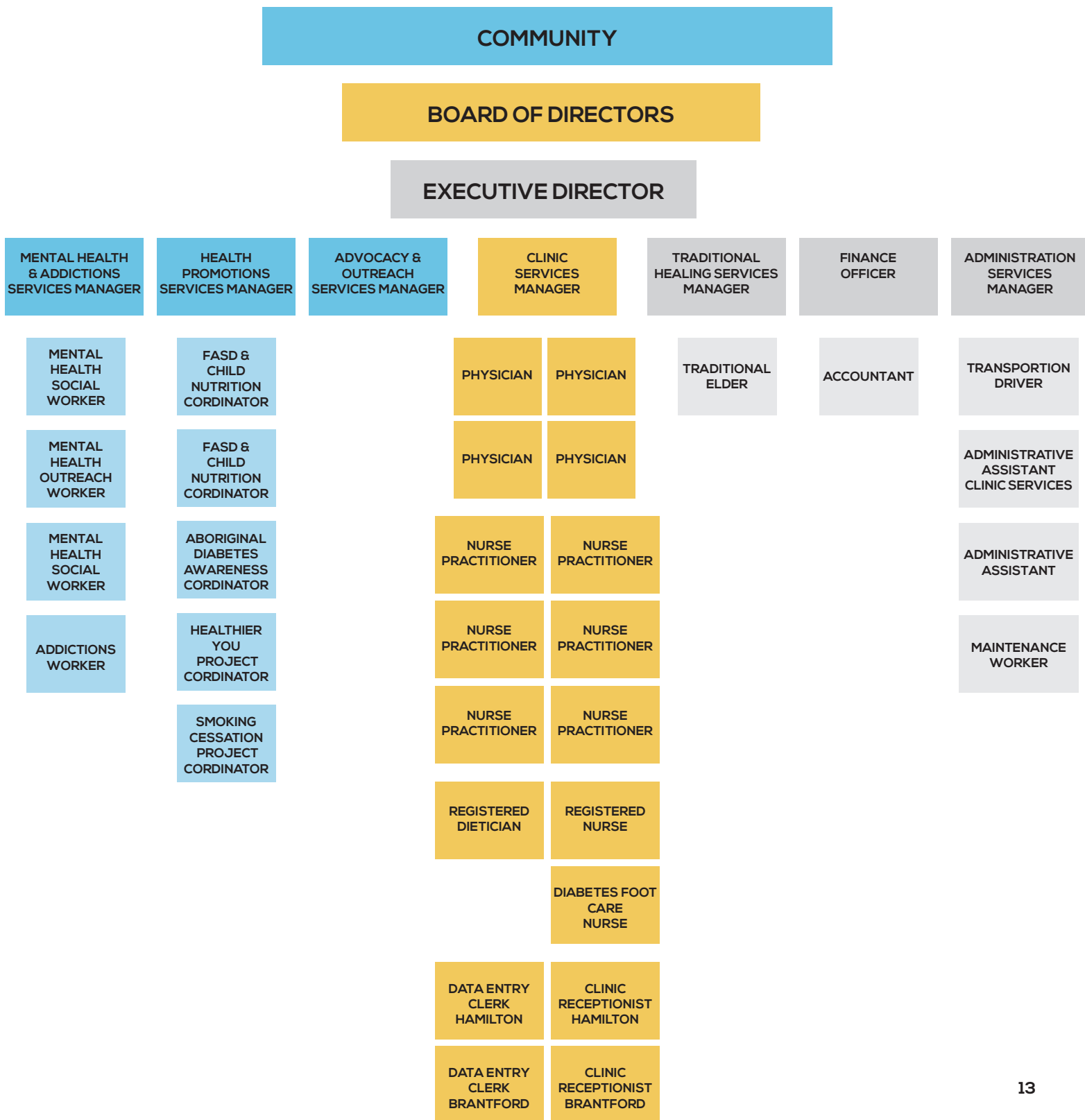


- Government of Ontario (MoHLTC, MCYS, LHIN), Peer Reviewed Grants etc.
- Interest
- Fundraising
- Rent



- Travel, Training and Memberships
- Traditional Healing and Facilitation
- Supplies and Resource Materials
- Salaries, Benefits, Contract Fees
- Rent, Utilities, Tax
- Program Costs and Clinic Supplies
- Professional Fees
- Office Supplies and Equipment
- Health Promotion
- Building Supplies and Maintenance
- Amortization
- Administration and Operating Expenses

## 2012-2013 ORGANIZATIONAL CHART



**De dwa da dehs nye>s Aboriginal Health Centre embodies the concept of:**  
**“Taking care of each other amongst ourselves”**

### Our Mission

To improve the Wellness of Aboriginal individuals and of the Aboriginal community by providing services which respect people as individuals with a distinctive cultural identity and distinctive values and beliefs.



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