



NAHO

*National Aboriginal
Health Organization*



2001-2002 ANNUAL REPORT



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MESSAGE FROM THE CHAIRPERSON

The National Aboriginal Health Organization's (NAHO) vision is to improve the health of Aboriginal Peoples. This is no small feat, but we believe it can be accomplished through a collective effort.

To date, NAHO has focused on networking with individuals, Aboriginal communities and organizations, universities, research institutes and government to identify health care needs and priorities of Aboriginal communities and to determine how to best address these issues.

As a knowledge-based organization, we have learned a great deal over the past year and have seen many excellent examples of best practices in health programs and activities at the community level. We look forward to an ongoing exchange of knowledge and information between NAHO and its publics so that we can continue to evolve as an organization that is both relevant and consistent with community needs.

The promotion and protection of traditional knowledge and healing, the advancement of Aboriginal Peoples in all levels of the health care field, and research on Aboriginal Peoples' health are key priorities for NAHO.

Developing strategic linkages with agencies and institutions and taking advantage of opportunities to interact with key decision-makers in the Canadian health care system are equally important. NAHO's letter of intent with the Canadian Medical Association and our formal submission to the Commission on the Future of Health Care in Canada are examples of our effort to further research initiatives that will influence public policy affecting Aboriginal health.

By working together, we can make a difference in the health of our communities. As we look forward to the challenges and opportunities ahead, I would like to acknowledge the Board of Directors, Committee members and staff for their hard work, strong spirit and commitment to improving the health status of Aboriginal Peoples. I would also like to recognize our member organizations for their continued commitment to supporting and collaborating with NAHO in its activities and initiatives.

Judith G. Bartlett, M.D., CCFP
Chairperson





MESSAGE FROM THE EXECUTIVE DIRECTOR

The National Aboriginal Health Organization (NAHO) has seen significant developments over the past fiscal year. With the infrastructure and secretariat staff in place, we have been able to move forward in a number of priority areas including knowledge transfer, health policy and research, and communications.

The First Nations, Inuit and Métis Centres have been established and are implementing work plans focused on addressing the unique health needs of each population. The Policy Unit has conducted scans and written research papers on the status of Aboriginal health care and evidence-based decision making. The Communications Unit has provided communications support, strategic advice, and developed materials that provide information on NAHO initiatives, which will serve as public education tools on Aboriginal health.

NAHO is accountable in general to Aboriginal Peoples, our five member organizations (Assembly of First Nations, Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council and Native Women's Association of Canada), and Health Canada.

Strategic direction is set through our Board of Directors, Priority Advisory Committees and Governing Committees, but we also look to engage people at the community and health professional level. Through events such as the Aboriginal Health Information Symposium, NAHO's first national conference held in February, and regional workshops we're able to gather community insight to further define NAHO's role in improving the health care of Aboriginal Peoples.

We will continue to seek your knowledge, direction, and involvement over the coming year as we strive to improve health in Aboriginal communities. I look forward to the many exciting challenges and opportunities that lie ahead and I invite you to visit the NAHO Web site (www.naho.ca) regularly for updates on our activities, publications, reports and gatherings.

Richard Jock
Executive Director





VISION STATEMENT

The National Aboriginal Health Organization, an Aboriginal designed and controlled body, will influence and advance the health and well-being of Aboriginal Peoples through carrying out knowledge-based strategies.

OBJECTIVES

- To improve and promote health through knowledge-based activities
- To promote understanding of health issues affecting Aboriginal Peoples
- To facilitate and promote research and develop research partnerships
- To foster participation of Aboriginal Peoples in delivery of health care
- To affirm and protect Aboriginal traditional healing practices

NAHO is respectful and inclusive of all Aboriginal Peoples including urban, rural, men, women, children, youth, and the elderly.

PRINCIPLES OF UNIQUENESS

The National Aboriginal Health Organization is unique in that we:

- Are founded on and are committed to unity while respecting diversity
- Gather, create, interpret, disseminate and use knowledge on Aboriginal traditional and western contemporary healing and wellness approaches
- View community as the primary focus and view research methodologies as tools for supporting Aboriginal communities in managing health
- Reflect the values and principles contained in traditional knowledge and practices





A SNAPSHOT OF KEY MILESTONES

- Launched the NAHO Web site (www.naho.ca) in English on April 9, 2001 and in French on April 12, 2001. Featuring information on NAHO's structure and history, reports, publications, conference listings, and Aboriginal and health-related links, the Web site receives an average of 1,224 visitors per month.
- Completed identification of persons to serve on the Governing Committees of the First Nations, Inuit and Métis Centres, as well as the three Priority Advisory Committees.
- Signed a memorandum of understanding (MOU) with the Congress of Aboriginal Peoples on May 23, 2001. The MOU outlines the roles and responsibilities of the two organizations with the intention to establish a productive working relationship.
- Submitted a research brief to the Standing Senate Committee on Social Affairs, Science and Technology which examined Aboriginal health services issues and federal Aboriginal health policy (May 2001).
- Finalized key personnel recruitment including directors of the First Nations, Inuit and Métis Centres, senior policy analyst, communications director, director of corporate services, and program and support staff.
- Hosted the first Annual Public Meeting on Sept. 11, 2001 in Ottawa, Ontario to provide an opportunity for anyone with an interest in NAHO to become aware of its activities and to provide input to assist in its work.
- Established linkages with the Aboriginal Nurses Association of Canada; the Institute of Aboriginal Peoples' Health, Canadian Institutes of Health Research; and the Canadian Population Health Initiative of the Canadian Institute for Health Information.
- Investigated the creation of a National Aboriginal Health Clearinghouse that will provide a national focus for the distribution of Aboriginal health information to communities and organizations; provide focus in the development of health promotion materials; promote and facilitate access and exchange of information through national and international networks; and identify information gaps and develop strategies to fill the gaps. A clearinghouse manager will be hired in 2002/03 to proceed with development.
- Assumed management responsibilities of the First Nations and Inuit Regional Longitudinal Health Survey as of Sept. 1, 2001. The Survey collects data on health status and health and wellness determinants of First Nations and Inuit and provides key information to guide community, regional and national planning, policy development and advocacy. Regional data collection will take place between July and September 2002.



- Signed a letter of intent with the Canadian Medical Association, the national voice of Canadian physicians, in February 2002. The letter of intent affirms a commitment to work together on areas of mutual interest to improve the health status of Aboriginal Peoples in Canada. The four mutual areas of interest include workforce initiatives to increase recruitment and retention of physicians and other health professionals; research and practice enhancement initiatives to promote research into Aboriginal health issues, and the translation of research into effective clinical practice; public and community health programs to address and develop initiatives to promote healthy living for Aboriginal communities; and leadership programs to develop and implement leadership development initiatives including mentoring programs for Aboriginal physicians.
- Developed a draft Health Research Framework for clarifying NAHO's potential roles in the domain of health research.
- Presented a formal written submission entitled "Making a Difference" to the Commission on the Future of Health Care in Canada, also referred to as the Romanow Commission (November 2001).



- Secured participation in one of the 18 open public hearings of the Commission on the Future of Health Care in Canada, scheduled to be held in Ottawa, Ontario on May 28, 2002.
- Secured a partnership to host a joint roundtable forum with the Commission on the Future of Health Care in Canada in Ottawa on June 26, 2002. Through these initiatives, NAHO plays a significant role in ensuring Aboriginal health issues are presented to the Romanow Commission.
- Took the lead on the Strategic Planning Committee for the Canada Health Infoway.
- Hosted the Aboriginal Health Information Symposium from Feb. 11-13, 2002 in Ottawa, Ontario to help build and empower Aboriginal health developments. The national event attracted 250 participants from Aboriginal organizations, research institutions and government to discuss the most recent developments in health information including the areas of health surveillance, ethics and protection in data collection, and health determinants.
- Launched the first edition of *NAHO Network News* in February 2002. The quarterly publication is designed to provide our member organizations, Aboriginal communities and the general public with information on NAHO's activities, accomplishments and future directions. The newsletter is published in English, French and Inuktitut.
- Developed a Discussion Brief on End-of-Life/Palliative Care for Aboriginal Peoples.
- Initiated the development of a public opinion poll of Aboriginal Peoples' health designed to gain awareness of health issues and access to health services, personal perceptions, and health priorities of First Nations, Inuit and Métis Peoples. This will serve as the first poll on Aboriginal health and will also examine the differences between Aboriginal Peoples living in urban, rural and remote settings. Preliminary work included outlining a strategy and drafting questions with the assistance of The Strategic Counsel and input of the Assembly of First Nations, Inuit Tapiriit Kanatami and the Métis National Council.
- Conducted a number of research papers and scans including *Critical Issues in Traditional Medical Practice; Improving Population Health, Health Promotion, Disease Prevention and Health Protection Services and Programs for Aboriginal Peoples;* and *Who's Doing What: An Environmental Scan of select Provincial, National and International Health-related Organizations and Initiatives that may influence Aboriginal Health Policy.*
- Hosted the Urban Aboriginal Health Centres Meeting from March 19-21, 2002 in Winnipeg, Manitoba. The gathering provided an opportunity for the sharing of information among regional organizations and discussion on the status of urban health service delivery in Canada.
- Signed a memorandum of understanding (MOU) with the Assembly of First Nations on March 27, 2002. The MOU outlines the roles and responsibilities of the two organizations with the intention to establish a productive working relationship.
- Networking opportunities and presentations to Aboriginal and non-Aboriginal agencies, organizations and governments including, but not limited to, the five member organizations, Canadian Health Network, Canadian Institutes of Health Research, Aboriginal Nurses Association of Canada, Native Physicians Association in Canada, Pauktuutit Inuit Women's Association, Canadian Policy Research Networks Inc., Canadian Diabetes Association, Canadian National Institute for the Blind, Society of Obstetricians and Gynecologists of Canada, Australian Indigenous Health *InfoNet*, Canadian Public Health Association, and the Nunavut Social Development Council.





ORGANIZATIONAL STRUCTURE – BOARD OF DIRECTORS AND COMMITTEES

The **Board of Directors** of the National Aboriginal Health Organization is comprised of a maximum of 15 directors. A base of 10 board members are appointed (two members each) from the five member organizations:

- Assembly of First Nations (AFN)
- Congress of Aboriginal Peoples (CAP)
- Inuit Tapiriit Kanatami (ITK), in collaboration with Pauktuutit, also known as the Inuit Women's Association
- Métis National Council (MNC)
- Native Women's Association of Canada (NWAC)

These 10 directors elect up to five additional directors. Eligibility criteria outlined in NAHO's bylaws are crafted to include a wide selection of individuals from the Aboriginal health community.

The Board of Directors holds overall responsibility for managing the property, assets, business, and affairs of the National Aboriginal Health Organization (NAHO).

Each Director brings unique knowledge and expertise to NAHO. The Directors contribute to the organization in various capacities on the Executive Committee, Finance Committee, Co-ordination and Evaluation Committee, Priority Advisory Committees and Centre Governing Committees.

Dr. Judith Bartlett – Chairperson
Chief Maureen Chapman – Vice-Chairperson
Noreen McAteer – Secretary
Morley Norton – Treasurer
Anaoyok Alookey
Liza Charlo-Pieper
Chief Theresa Hall
Fjola Hart-Wasekeesikaw
Bill Lyall
Heather McNeill
France Picotte
Chief Chris Shade
Eric Shirt
Mary Wilman

NAHO has three Centre Governing Committees and three Priority Advisory Committees with membership from coast to coast to coast.

Governing Committees are responsible for overseeing the direction and management of the First Nations, Inuit and Métis Centres.

The **First Nations Centre Governing Committee** is chaired by one of the board members appointed by the Assembly of First Nations (AFN). Additional members are nominated by the AFN and approved by the Board of Directors.

Chief Maureen Chapman – Chairperson
Chief Chris Shade
Nadine Gros-Louis
Jordan Head
Elaine Johnston
Deanna Jones-Keeshig
Ceal Tournier

The **Inuit Centre Governing Committee** is comprised of the two board members appointed by Inuit Tapiriit Kanatami (ITK), one member nominated by each of the four Inuit land claims settlement organizations, and one member nominated by Inuit Women's Association. The members nominated by Inuit Women's Association and by the Inuit land claim settlement organizations shall be approved by the Board of Directors. The Governing Committee for the Inuit Centre is chaired by one of the board members appointed by ITK.

Bill Lyall – Chairperson
Minnie Grey
Rosemary Kuptana
Miriam Lyall
Annie Quirke
Daisy Saunders
Mary Wilman



The **Métis Centre Governing Committee** is chaired by one of the board members appointed by the Métis National Council (MNC). Additional members are nominated by the MNC and approved by the Board of Directors.

France Picotte – Chairperson
Morley Norton – Alternate-Chairperson
Deborah Barron-McNabb
Connie Boyd
Henry Cummings
Sue Dahlseide
Don Fiddler
Tim Low

Priority Advisory Committees, each with specialized areas of expertise and chaired by a NAHO board member, also play a key role in advancing the priorities of the organization.

Each of the Priority Advisory Committees have key activities and linkages with the organization's broader objectives of improving health and promoting health issues, facilitating research partnerships, fostering the recruitment and retention of Aboriginal people in health delivery, and affirming Aboriginal traditional healing practices.

Health Research and Health Information (HRHI) Priority Advisory Committee

Fjola Hart-Wasekeesikaw – Chairperson
Nadine Gros-Louis
Chief Theresa Hall
Ethel Lamothe
Frank Lyle
Eric Shirt
Stephanie Sinclair

Health Policy, Capacity Building and Public Education (HPCB/PE) Priority Advisory Committee

Heather McNeill – Chairperson
Chief Maureen Chapman
Bernice Downey
Dr. Danika Edmunds
Margaret Horn
Sharon Pitawanakwat
Mary Wilman

Traditional Health and Healing (THH) Priority Advisory Committee

Eric Shirt – Chairperson
Anaoyok Alookey
Suzan Marie
Heather McNeill
Ella Paul
Catherine Twinn
Beverly Whitehawk



BOARD OF DIRECTORS ACTIVITIES

The Board of Directors held regular meetings on May 23-25, 2001, Sept. 8-9, 2001, and Dec. 4-5, 2001 in Ottawa, Ontario. Regular Board meetings include reports from the Chairperson, Executive Director, Executive Committee, Finance Committee, Priority Advisory Committees, Centre Governing Committees, and other corporate business.

The Executive and Finance committees develop for Board approval policies and guidelines for the efficient operation of the organization and establishment of good internal financial control systems. These committees met regularly to oversee the needs of the organization and to make decisions on issues of a time-sensitive nature.

Throughout the course of the year, the Board reviewed and approved a number of internal processes including the Board of Directors Policy for Participating on other Boards and Committees, Board of Directors Policy for Attending Conferences, Procurement Procedures, and the action plan for the NAHO Evaluation Framework. Various Directors were also involved in the hiring processes for all indeterminate officers within the organization.

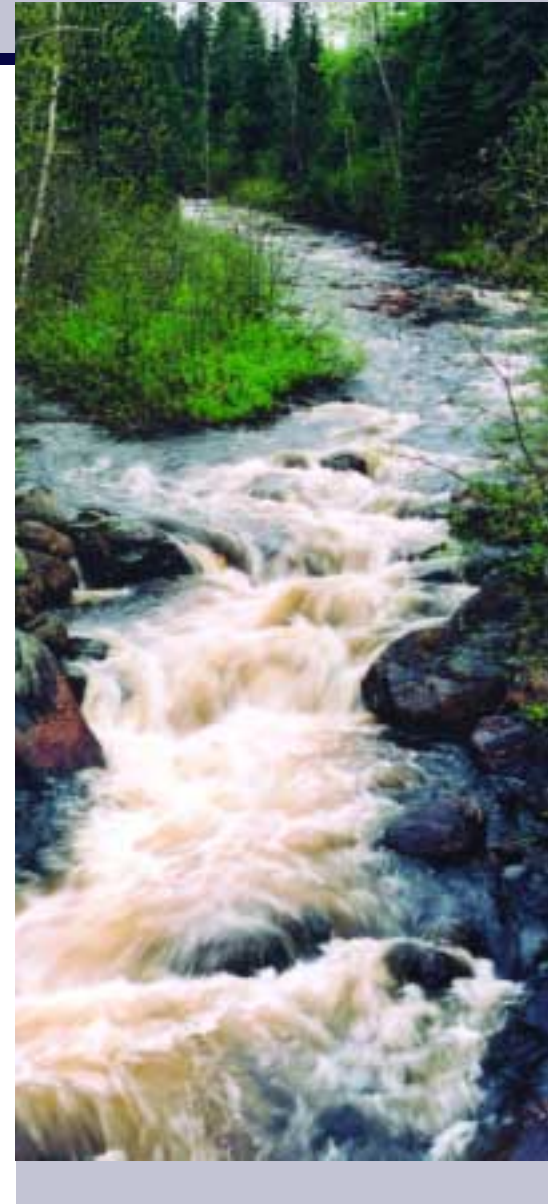
The Board addressed standardization of the selection process and criteria for membership of the Priority Advisory Committees and authorized the appointment of individuals to the three committees.

Discussion papers such as *Establishing a Leading Knowledge-Based Organization and A Path to a Better Future – A Preliminary Framework for a Best Practices Program for Aboriginal Health and Health Care* were reviewed and approved.

The memoranda of understanding with the Congress of Aboriginal Peoples and the Assembly of First Nations were approved, as well as the plans and funding for the public opinion poll on Aboriginal health.

The Board also investigated strategic alliance development and options for the future financial stability and sustainability of the organization, including the creation of a charitable foundation to attract private sector funding.

In addition, the Chairperson made presentations to the Senate Standing Committee on Social Affairs, Science and Technology; Society of Obstetricians and Gynecologists of Canada; Centre for Aboriginal Health Research, University of Manitoba; and, the Nunavut Social Development Council (see *A Snapshot of Key Milestones* for additional information).





INTRODUCTION

Management and Support Services is the operational unit of the National Aboriginal Health Organization (NAHO) that provides administrative, financial, human resources and information technology support to the Board of Directors, the First Nations, Inuit and Métis Centres, and other units. These services will help the organization meet its goals as outlined in the management plan.

STAFF

Richard Jock	Executive Director
Carole Lafontaine	Executive Assistant
Robin Galipeau	Information Technology Manager
Eva Jacobs	Director of Corporate Services
Roxy Jones	Administrative Assistant, Human Resources and Procurement
Guy Poirier	Human Resources and Procurement Officer
June Roy	Finance Officer
Amanda Slauenwhite	Administrative Assistant and Receptionist
Controller	contracted through a temporary staffing agency
Junior Finance Clerk	contracted through a temporary staffing agency

ACHIEVEMENTS IN 2001-2002

- NAHO expanded its office space at 56 Sparks Street. In addition, a second lease was undertaken at 130 Albert Street to accommodate the increase of staff from 10 to 30.
- A contractor developed an Information Technology Plan and the draft was completed at the end of the fiscal year. The scope of the plan included NAHO's business requirements, application infrastructure, technology infrastructure, operations plan, security strategy and video-conferencing.
- In order to ensure transparency and accountability, a detailed budget process was developed and implemented. As well, the accounting software was changed to a more powerful system that permits more detailed reporting.
- The Executive Director's Office holds responsibility for organization of all Board of Directors activities including arrangements for meetings, correspondence, reports, and follow-up on issues.
- Co-ordination of the organization and its complex structure are accomplished through close communication and regular staff meetings.
- The Chairperson and Executive Director made numerous presentations across the country (see *A Snapshot of Key Milestones*).

- The Chairperson and Executive Director oversaw partnership and relationship development with the member organizations, other Aboriginal organizations, and national health organizations such as the Canadian Institutes of Health Research and the Canadian Medical Association.
- The Executive Director's Office oversaw development of research briefs and reports used in development of presentations and NAHO positions.
- Networking and efforts to promote information sharing and potential collaboration continued to be a key priority (see *A Snapshot of Key Milestones*).
- Produced the 2000-2001 annual report and audited financial statement.
- The first annual members meeting was held on Sept. 10, 2001.
- The first annual public meeting was held on Sept. 11, 2001.

PRIORITIES FOR 2002-2003

- Priorities will include finalizing protocols with Inuit Tapiriit Kanatami, Métis National Council, and the Native Women's Association of Canada to complete those finalized with the Assembly of First Nations and Congress of Aboriginal Peoples. Existing memorandums of understanding will be reviewed and refined as needed.
- Co-ordination of NAHO public functions such as the partnered forum with the Romanow Commission, national Elders' gathering, and regional forums.
- Co-ordination of a national health conference for Jan. 21-23, 2003.
- Production of a report on Aboriginal health systems in Canada, which will utilize data gathered from the first public opinion poll on Aboriginal health.
- Continued and expanded visibility of NAHO in Canada and internationally as an influential organization in Aboriginal health.
- Investigation of opportunities for Aboriginal people to gain access to decision-making processes in areas such as health infrastructure, research ethics, and the Primary Health Care Transition Fund.
- Development and implementation of strategies for evaluation of NAHO.
- Enhanced co-ordination and communication within the organization and externally. External communication will focus on establishing regular meetings with non-governmental organizations involved with Aboriginal health.
- Improvement of existing policies and procedures, as well as development of new ones.
- Implementation of the Information Technology Plan, which will be revised as needed.



COMMUNICATIONS UNIT

INTRODUCTION

The Communications Unit plays a central role in the work of the National Aboriginal Health Organization (NAHO). NAHO is a knowledge-based organization with a mandate to disseminate relevant health information to Aboriginal Peoples. The Communications team will be using innovative ways to transfer knowledge in plain language to target audiences.

Ongoing tasks of the Communications Unit include: daily media monitoring; creating and distributing press releases; posting and updating material on the NAHO Web site; producing presentations for senior NAHO spokespersons; and providing a full range of communications services including advice on production and strategic direction, editing, proofreading, and design and formatting of documents to all divisions. The Communications Unit also produces a quarterly newsletter, *NAHO Network News*, in English, French and Inuktitut.

Members of the Communications Unit also work with the Communications staff of the three Centres. Communications is involved during the planning stages of joint events, regional forums and workshops to provide ideas and insight for the promotion and planning of the event.

STAFF

Melissa Lazore	Communications Director
Joyce Atcheson	Media Relations Officer
Gail Boyd	Communications Editor
Marjorie Mitchell	Administrative Assistant
Lisa Patterson	Senior Communications Officer

ACHIEVEMENTS IN 2001-2002

Staffing: Communications Director, Melissa Lazore, was brought on board in November 2001. She developed a work plan and communications strategy to guide the Unit's work and conducted interviews in December for three significant positions. Lisa Patterson, Gail Boyd and Joyce Atcheson were hired to staff the Senior Communications Officer, Communications Editor, and Media Relations Officer positions respectively in early January 2002.

Competitions for the positions of Clearinghouse Manager, Junior Communications Officer, and Administrative Assistant/Webmaster were posted to the Internet and the organization's Web site in March, with a closing date for applications of March 25, 2002.

aboriginaltimes Insert: Arrangements were made to feature a special NAHO insert in the New Year's edition of *Aboriginal Times* that included messages on healthy lifestyles.

Canadian Women's Health Network: Communications helped facilitate the inclusion of profiles on Aboriginal women working in the health field for a special issue focused on Aboriginal women's health. The Director of NAHO's First Nations Centre was profiled in the fall/winter edition that was edited by Connie Deiter.

NAHO Network News: The newsletter is a quarterly publication designed to provide our member organizations, Aboriginal communities and the general public with information on NAHO's activities, accomplishments and future directions. The newsletter focuses on promoting healthy living and provides an opportunity to showcase the positive work of individuals and organizations working in the Aboriginal health field. The premiere edition of *NAHO Network News* (Winter 2002) was released at the Aboriginal Health Information Symposium held in Ottawa, Ontario Feb. 11-13, 2002.

Journal: The Communications Unit produced a communications strategy for development of a biannual research journal in January 2002. The journal will feature a different guest editor and theme for each issue. A peer review panel will be established to review the submissions. A budget and timelines for production of the journal were developed for approval. NAHO anticipates the first issue of its journal will be distributed in early 2003.





Guidelines for Production of Internal Documents: A framework for the preparation, review, editing, and final approval of NAHO documents was drafted. Once these guidelines have been reviewed by the Health Policy, Capacity Building and Public Education Priority Advisory Committee (HPCB/PE) and approved by the Executive Director, they will be implemented as part of the contracting process for research papers.

Canadian Medical Association linkage: The Canadian Medical Association (CMA) created the Office of Public Health in early 2002 and proposed a linkage with NAHO focusing on Aboriginal health. A letter of intent was signed by the Board of Directors Chairperson and announced in a joint press release issued in Yellowknife, N.W.T. on Feb. 8, 2002.

NAHO Public Opinion Poll: The Communications Director participated with the three Centre Directors in the development of a public opinion poll of Aboriginal Peoples' health. The poll is scheduled for July 2002.

Media Monitoring – News Niblets: Daily monitoring of the major mainstream newspapers is done by the Media Relations Officer. A compilation of articles is posted to the Web site as a service to the communities. Media monitoring also provides NAHO with an opportunity to identify and respond to any inaccurate reports regarding Aboriginal health issues.

News articles included in the Niblets focus on general health trends that may impact Aboriginal Peoples' health (e.g. Romanow, Mazankowski and Kirby reports) and topics of specific relevance to the Aboriginal population such as diabetes, scleroderma and certain environmental pollutants.

Sponsoring of events: NAHO Communications is directly involved in all communications aspects of planning events, particularly with regard to media relations. This is important to ensure proper representation of NAHO in its partnership role. Involvement in early event planning included the NAHO/Romanow Commission partnered Forum on Aboriginal Health to be held in Ottawa, and the 26th Annual Elders' Conference in Victoria, B.C.

Press lines: Key messages have been prepared on various Aboriginal health issues that may interest the media such as traditional healing; the Principles of Ownership, Control, Access and Possession (OCAP); and the First Nations and Inuit Regional Longitudinal Health Survey. Other contentious issues are addressed as they are identified.

PRIORITIES FOR 2002-2003

The Communications Unit's general priorities for the coming fiscal year are: promoting NAHO's work to the people we serve; providing plain-language information on health promotion, disease prevention and healthy living to Aboriginal Peoples; and promoting the programs of organizations that encourage Aboriginal youth to consider health careers.

Proposed activities include:

- Raising awareness of the Web site by using multi-media presentations and webcasting
- Attending conferences and workshops of organizations with expertise in Aboriginal health care and service delivery in order to promote NAHO and secure further partnerships
- Increasing interest among Aboriginal youth to pursue health careers through the NAHO newsletter and radio documentaries
- Developing a pamphlet that outlines health career programs for Aboriginal students including a list of sponsorships to be disseminated at career fairs
- Developing plain-language backgrounders, posters, brochures and radio messages that promote healthy living
- Maintaining regular communication with health organizations to identify common activities and possible partnerships
- Demonstrating partnerships with other organizations by promoting their information through our Web site (e.g. job opportunities and conferences)
- Promoting the use of culturally-appropriate research methodologies via the NAHO Journal and publishing articles produced using those methods of research in other relevant journals
- Developing a communications manual for NAHO and developing tools to promote a wider understanding of traditional Aboriginal healing practices



POLICY UNIT

INTRODUCTION

NAHO's Policy Unit has played a dynamic role within the organization, as it is a means to identify and respond to 'policy' windows of opportunity most likely to impact the health and well-being of Aboriginal Peoples. Over the last year, such opportunities have included work with the Commission on the Future of Health Care in Canada, preparing discussion papers and environmental scans, as well as implementing a public briefing note system to better inform our communities on a variety of topics.

STAFF

Michael Martin	Senior Policy Analyst
Valerie Galley	Special Projects Co-ordinator
James Lamouche	Policy Analyst
Lori Martin	Administrative Assistant/Researcher

ACHIEVEMENTS IN 2001-2002

In its second year of operation, NAHO's Policy Unit has targeted specific deliverables and activities aimed at better informing policy and decision makers in various forums. Specific work produced has served to inform NAHO's Board of Directors of gaps and opportunities that can be capitalized upon in fulfilling its mandate, or to address requests for information and evidence-based recommendations. Examples of NAHO's documentation and activities in 2001-2002 include:

NAHO Documentation and Reports

An Examination of Aboriginal Health Services Issues and Federal Aboriginal Health Policy: Prepared in May 2001 for the Standing Senate Committee on Social Affairs, Science and Technology, this paper examined service delivery models, while encouraging consistency in government legislation, policies and practices impacting the socio-economic environment of Aboriginal Peoples. In its presentation before the Standing Committee, NAHO provided evidence to support the removal of barriers that prevent Aboriginal organizations from fully accessing health data, while encouraging mechanisms to both collect and analyze Aboriginal health information.

Issues and Opportunities in Aboriginal Health Information Dissemination - A National Aboriginal Health Clearinghouse: As the name implies, this scoping paper was developed to guide NAHO's future work as a knowledge-transfer organization, providing recommendations on a potential networking strategy. Developed for internal use, the document covers a selected review of existing clearinghouse operations, providing illustrations of the various services and technical approaches being used to disseminate health information in



Canada. The hiring of a clearinghouse manager in the upcoming fiscal year will facilitate NAHO's work in this area.

Improving Population Health, Health Promotion, Disease Prevention and Health Protection Services and Programs for Aboriginal People – Recommendations for NAHO Activities: An internal scan that does a thorough job of identifying those programs and services noted in its title. This report identifies the needs and priorities for promotion and prevention activities, current delivery mechanisms, key issues, and concludes with recommendations on how NAHO could play a role in health promotion-related activities.

Strategic Directions for an Evidence-Based Decision Making Framework at NAHO: Building upon last year's paper entitled *Establishing a Leading Knowledge-Based Organization*, this paper has served to guide much of the Policy Unit's work. As a framework that captures the importance of Aboriginal knowledge relative to health, it provides an analysis of evidence-based decision making (EBDM) from definition, to collection, to capturing the importance of Aboriginal experiential activities in evidence collection and analysis. In identifying the linkages of EBDM to Aboriginal health, the document further challenges the notion of exploring determinants of health that are relative to the issues faced by Aboriginal Peoples and communities.



Critical Issues in Traditional Medical Practice – Environmental Scan: As a scan of the traditional medical practice environment, the purpose of this paper is two-fold: to explore the ambiguity of concepts and definitions of traditional medicine, the impact of western commodification on practice and delivery, rounding off with recommendations for NAHO and a resource guide of Aboriginal centres and organizations where traditional medicine is promoted or delivered.

Who's Doing What – An Environmental Scan of select Provincial, National and International Health-related Organizations/Initiatives that may influence Aboriginal Health Policy: *Who's Doing What* is a compilation of select organizations and initiatives, with the intent of providing insight into the world of health policy and health policy thrusts (e.g. programs, services and other initiatives) as influenced by the organizations in both health research, advocacy and health promotion/policy forums.

Making a Difference – Submission to the Commission of the Future of Health Care in Canada: Providing workable solutions to address Aboriginal health services in the 21st century, NAHO's brief to the Honourable Roy Romanow highlighted recommendations in support of the Commission's themes of values, sustainability, managing change and co-operative relations.

Discussion Paper on End-of-Life / Palliative Care for Aboriginal Peoples: In response to the growing population of elderly people, this document is intended to contribute to the development of the National Action Plan for End-of-Life Care, and to serve as a starting point in identifying the issues pertinent to Aboriginal Peoples.

Policy Unit Activities 2001-2002

Along with the above documentation, the Policy Unit has been involved in a variety of activities relevant to NAHO's objectives as a knowledge-transfer organization. Some of the above papers have involved presenting evidence before Standing Senate Committees. Other policy opportunities have included NAHO's participation and submission in support of the National End-of Life Action Plan conference, held in Winnipeg in early March 2002.

To be better informed, and to keep abreast of policy-related activities, NAHO attended and participated in other events such as the Framework Convention on Tobacco Control, the Canadian Conference on International Health, and the National Policy Conference, all held in Ottawa in October, November and December 2001 respectively.

A briefing note system has also been devised to better inform NAHO's public audience, relative to policy-related events and opportunities, with examples of topics including the Speech from the Throne, Budget 2001, Health Renewal, Institute of Aboriginal Peoples' Health, Aboriginal Leaders/Ministers Working Group, Convention on Biodiversity, Commission on the Future of Health Care in Canada, and the Standing Senate Committee on Social Affairs, Science and Technology.

PRIORITIES FOR 2002-2003

In the upcoming year, as part of NAHO's ongoing work the Policy Unit intends to provide reliable, fact-filled information as guided by its health policy/research framework and strategy, to be completed in 2002-2003. Similarly, opportunities to meet with Aboriginal and non-Aboriginal partners will present numerous opportunities to meet its mandate of promoting research partnerships, fostering the recruitment and retention of Aboriginal health professionals, while continuing its work with Elders to affirm traditional healing practices.

Building upon some of its work-in-progress, NAHO's contributions in 2002-2003 will endeavour to address leading-edge issues, as it aims to improve and promote, through knowledge-based activities, the health of Aboriginal Peoples and communities.





Message from Chief Maureen Chapman, Chairperson First Nations Centre Governing Committee

Greetings,

The First Nations Centre is an integral part of the National Aboriginal Health Organization (NAHO) and our work reflects our dedication to improving the health of First Nations people. We've accomplished a great deal since the Centre was established last summer and I must acknowledge the efforts of the First Nations Centre Governing Committee and our tireless staff for moving projects along as quickly as they have.

A major initiative for the First Nations Centre was undertaking the responsibility to prepare

and implement the 2002 First Nations and Inuit Regional Longitudinal Health Survey (RHS). First conducted under the national mandate of the Assembly of First Nations' Chiefs Committee on Health in 1997, the RHS collects data on health status and health and wellness determinants for adults, adolescents, and children. It provides First Nations with key information to guide community, regional and national planning, policy development and advocacy. We look forward to implementing the survey data collection between July and September 2002.

The First Nations Centre has also contributed to NAHO's efforts to conduct a public opinion poll on Aboriginal health, and oversaw organization of the Aboriginal Health Information Symposium in February. The Symposium provided an excellent opportunity for networking and providing the most current information on important topics such as the Aboriginal Health Infrastructure, privacy, and the Principles of OCAP (Ownership, Control, Access and Possession) of health information. The Roundtable Forum on Health Information, Research, Ethics and Protection and the Health and Community Control Workshop, planned for April and May 2002 respectively, will provide an opportunity for further discussion on important health issues facing First Nations communities.

We have set high standards, and in the coming year we intend to implement a work plan that emphasizes health information, research, capacity building, networking and communication. The First Nations Centre is focused on creating new opportunities, networks and linkages to generate and disseminate new knowledge on First Nations and Aboriginal health.

STAFF

Gail McDonald	First Nations Centre Director
Wendy Lanouette	Executive Assistant
Brian Schnarch	Research Analyst
Kona Williams	Administrative Assistant

INTRODUCTION

The First Nations Centre is a vital component of the National Aboriginal Health Organization that will focus on specific health priorities for First Nations within the mandate of the overall organization.

The First Nations Centre Governing Committee met on Feb. 23-24, 2002 in a strategic planning session to determine activities that the Centre should focus on over the next three to five years.

The following were identified:

- Enhanced practical skills for health workers (inclusive of all members of the community who impact and influence health and wellness)
- Strategic alliances to maximize impact and reach
- Sustainable development and nation-building (self-sufficiency, self determination, true transfer and appropriate resources)
- Control and management of relevant information systems
- Evidence-based and driven health care allocation and resources
- Functional tools and models for community application
- Traditions and values in our work and lives (draw upon the knowledge and strength of our Elders and youth)

ACHIEVEMENTS IN 2001-2002

Since June 2001, the First Nations Centre has moved forward its work plan activities that have included an initial concentration on:

Operationalizing the Centre:

- Internal procedures, staffing, communications, establishing a vision and focus for activities of the Centre, co-ordination with NAHO committees, determining priority activities, networking and identifying strategic opportunities
- A memorandum of understanding (MOU), to be renewed annually, was signed between the Assembly of First Nations (AFN) and NAHO on March 27, 2002. The purpose of the MOU is to outline the roles and responsibilities of the AFN and NAHO in a framework for a productive working relationship.



Activities that advance First Nations research, information, knowledge and capacity development:

- Co-ordinating and implementing the First Nations and Inuit Regional Longitudinal Health Survey in conjunction with First Nations regional organizations across Canada under the mandate, direction and guidance of the AFN First Nations Information Governance Committee and the Chiefs Committee on Health
- Co-ordinating the Aboriginal Health Information Symposium and the Roundtable Forum on Health Information
- Providing historical context and operationalizing the principles of Ownership, Control, Access and Possession (OCAP)
- Raising the level of awareness of health information and technology infrastructure developments
- Examining training initiatives in the use of health information for planning, privacy, ethics and enhanced skills in epidemiology
- Researching the development of tools that can assist First Nations in community-based research and setting the parameters of ethical research

PRIORITIES FOR 2002-2003

Health Information

- Preparing a health status report
- Generating interesting informational products and reports
- Playing a lead role in the Aboriginal Health Infostructure Blueprint developments
- Supporting transfer of the Health Information Systems (HIS) to First Nations control

Data Centre & Support

- Setting up a database repository and analysis unit
- Implementing the 2002 First Nations and Inuit Regional Health Survey (RHS)

Communications

- Developing a formal communications strategy
- Developing effective means to reach First Nations
- Co-ordinating conferences and meetings
- Developing an annual report on the health of First Nations

Operations

- Enhancing the working relationship with the AFN through the memorandum of understanding
- Developing a NAHO Privacy Code/Research Ethics Code
- Enhancing internal relationships and communications

Knowledge Generation

- Developing community research and community ethics templates
- Generating and showcasing interesting products
- Developing publications and a Web site section focused on best practices

Elders

- Providing support to a national Elders' gathering
- Developing means to reach and involve Elders in our work
- Developing and promoting active living products

Youth

- Researching and developing interesting and dynamic products for youth
- Researching and developing means to reach and involve youth in our work
- Conducting youth focus groups and a follow-up poll

Capacity Development

- Web-based skills development training
- Regional training in effective use of health information for planning
- Seeking accreditation and partnerships
- Playing a supportive role for health careers

Relationship Development

- Developing strategic alliances
- Developing clear working relationships and protocols with government
- Establishing and maintaining an effective network of First Nations health workers



Message from Bill Lyall, Chairperson Inuit Centre Governing Committee

As Chairperson of the National Aboriginal Health Organization's (NAHO) Inuit Centre, and as an appointed board member on behalf of the Inuit Tapiriit Kanatami, I am honoured to present this year's report on Inuit Centre activities. I would like to acknowledge the hard work and support my fellow NAHO Board of Directors, Inuit Centre Governing Committee members, and most importantly our support staff. Through our intricate teamwork, we were able to pursue many activities and gather invaluable insight into the health needs of Inuit communities. Respectful of our diverse Aboriginal cultures, the Inuit Centre also worked jointly with other program areas on NAHO's broad objectives. In the coming year,

we plan to further define our work plan that will serve to make a difference in Inuit and Aboriginal health.

STAFF

Robert Watt	Inuit Centre Director
Harry Adams	Administrative Assistant
Mary Alainga	Project Co-ordinator

VISION STATEMENT

The Inuit Centre of the National Aboriginal Health Organization shall promote practices to restore a healthy lifestyle and improve the health status of Inuit.

ACHIEVEMENTS IN 2001-2002

The Inuit Centre held two regional workshops that focused on information gathering and networking. ICA Associates, a Toronto-based firm, was contracted to co-facilitate the four-day gatherings in Inuvik, N.W.T. and Kuujuaq, Nunavik. The agenda offered participants the opportunity to identify their community and regional health concerns; identify success stories on health activities; and discuss traditional knowledge, research, healthy living, and community wellness. The participants also identified community and regional needs and priorities with respect to the role of NAHO's Inuit Centre.

Regional Workshop – Inuvik, Northwest Territories

Feb. 25-28, 2002

Twenty-five participants representing the five Inuvialuit region communities attended the workshop. The delegates identified their community health concerns, best practices, traditional knowledge, annual and seasonal activities with respect to health, research priorities, best methods of networking at the community and regional levels, and direction as to how the Inuit Centre can best disseminate information and provide support to the Inuvialuit region.

Nutrition was identified as one of the major health concerns. Many delegates expressed concern that too much junk food is readily available and that diabetes is certain to become a part of Inuit life if this trend continues. Some delegates indicated that there are already Inuit with diabetes type 1 and type 2 in the Inuvialuit region.

Regional Workshop – Kuujuaq, Nunavik

March 25-29, 2002

Inuit Centre staff worked with the 14 municipalities of Nunavik (Northern Quebec) to identify three representatives from each community. Forty-two participants attended the workshop. Drug and alcohol abuse and suicide were identified as the two main health concerns within the Nunavik region.

Arctic Winter Games 2002

The Arctic Winter Games were held in Iqaluit, Nunavut from March 17-23, 2002. The Inuit Centre partnered with Inuit Tapiriit Kanatami (ITK), Nunavut Health and Social Services, Oikiqtani Inuit Association and Canadian Heritage to promote healthy lifestyles throughout the event.

The organizations participated in Canadian Heritage's pavilion, Canada House, which provided an opportunity to distribute public education and promotional materials. The Inuit Centre and ITK jointly produced 5,000 tyvek flags and 2,500 canvas bags for distribution to athletes and spectators.

The Arctic Winter Games project was a success and the Inuit Centre has recommended that NAHO participate in more projects of this kind as it attracted the youth population.

Lifesavers: Because I'm Worth It

Safe-Sex Campaign, Arctic Winter Games

The Lifesavers: Because I'm Worth It public education campaign was a success. The Canadian Inuit on HIV and AIDS Network (CIHAN), Nunavut Health and Social Services and the National Aboriginal Health Organization joined forces to promote safe-sex practices amongst the Inuit population. NAHO co-sponsored the production of 2,200 t-shirts featuring the campaign message and sponsors' logos.



Communications and Linkages

Inuit communities rely on radio and television communications systems due to the harsh environments and remoteness of the North. The Inuit Centre has developed relationships with northern media such as OKalaKatigiit Society in Labrador, Taqramiut Nipigant Incorporated in Nunavik, Inuit Broadcasting Corporation in Nunavut, as well as Nunatsiq News, News North, CBC and the Aboriginal Peoples Television Network.

The Inuit Centre Director promoted NAHO and the Inuit Centre by utilizing the various communications agencies based in the North. Activities included taking part in an Inuit Broadcasting Corporation phone-in show, Nunavut's CBC radio talk-show program, Nunavik's Taqramiut Nipingat radio program and Labrador's OkalaKatigiit Society radio and television show.

The Inuit Centre Director and NAHO's Chairperson made a presentation on the organization to the Nunavut Social Development Council. A NAHO back-grounder and the Inuit Centre's work plan were circulated to the regional Inuit organizations to stimulate interest and discussion. The Inuit Centre compiled a list of Inuit-related Web sites that address health, research, education and traditional knowledge.

The Inuit Centre Director met with the ITK Health Director to discuss a memorandum of understanding between NAHO and ITK. It's expected the agreement will be finalized in 2002-2003.

PRIORITIES FOR 2002-2003

The NAHO Inuit Centre plans to facilitate three additional regional workshops in Nain, Labrador (April 8-12, 2002), Iqaluit, Nunavut (May 6-10, 2002), and Rankin Inlet, Nunavut (September 2002). A consolidated report of all five regional workshops will be presented to NAHO, ITK, regional Inuit associations, and to Inuit communities by December 2002.

The Inuit Centre will be facilitating five to seven Community Wellness workshops in five of the Inuit regions between October 2002 and March 2003. This will give the Inuit Centre an opportunity to work with the communities on developing short, medium, and long-term strategies for community wellness.

The Inuit Centre will continue reaching out to the Inuit population using northern and southern national, regional, and local media (print and broadcast). The NAHO Web site will be expanded to include information on Inuit-specific health activities. Furthermore, the Inuit Centre will attend the Nunavik Elders' Conference in Chisasibi, Quebec and the Inuit Circumpolar Conference in Kuujjuaq, Nunavik in August 2002 to present information on NAHO and the Inuit Centre and to promote healthy lifestyles.

Other priorities include:

- Finalizing the memorandum of understanding between NAHO and ITK
- Contributing to the Inuit Health Renewal
- Facilitating the NAHO/Romanow Commission partnered Forum on Aboriginal Health
- Participating in the NAHO public opinion poll on Aboriginal health
- Participating in the information technology planning for NAHO
- Participating in NAHO's Research and Policy Framework
- Finalizing the Inuit Centre logo
- Organizing a national competition for an Inuit Centre name
- Developing an options paper on the type of Inuit Centre required (virtual or physical)
- Hiring a liaison & communication officer and policy analyst





Message from France Picotte, Chairperson Métis Centre Governing Committee

The Métis Centre has been established to allow the National Aboriginal Health Organization (NAHO) to better meet the unique needs and aspirations of the Métis People in Canada. In order to do so, its mandate, role and activities are governed by the Métis Centre Governing Committee, whose members are nominated by the Métis National Council.

As part of a knowledge-based organization like NAHO, the Métis Centre seeks to encourage the sharing of information on the health issues, challenges, as well as successes of the Métis People in Canada. Through events or activities undertaken by the Métis Centre, in partnership with Métis organiza-

tions and NAHO, we have begun to facilitate this dialogue. This sharing of information has been facilitated through the establishment of strategic linkages and should lead to further capacity-building initiatives. We intend to continue to work with Métis organizations – at the national, provincial, regional and local levels – as well as health organizations and governments. Together, we can play a key role in improving and promoting better health for the Métis People in Canada.

STAFF

Nathalie Lachance	Métis Centre Director
Cheryle Chagnon	Liaison & Communications Officer
Lois Edge	Research & Policy Officer
Vanessa Stevens	Administrative Assistant

INTRODUCTION

As a result of consultations undertaken for the establishment of the National Aboriginal Health Organization and through the implementation phase, it was decided that NAHO would be comprised of three Centres: First Nations, Inuit and Métis. As an integral part of NAHO, the Métis Centre's vision and statement of principles are closely linked to NAHO's and are as follows:

VISION STATEMENT

The Métis Centre is dedicated to improving the physical, social, mental, emotional and spiritual health of Métis People in Canada. It is our fundamental belief that the advancement and sharing of knowledge in the field of Métis health is a key to empowering Métis People in Canada.

STATEMENT OF PRINCIPLES

The Métis Centre:

- Will be inclusive of all Métis People in Canada, and respectful of all Aboriginal Peoples and their cultures, practices and traditions
- Is committed to honouring the values, beliefs and views of all Aboriginal Peoples in all that we do
- Agrees to work together to strengthen, support and build our collective knowledge and abilities in a collaborative partnership in the governing and functioning of the Métis Centre
- Is devoted to the protection and the recognition of traditional Métis knowledge, healing and wellness practices
- Recognizes Métis health care as a specialized field
- Is committed to the enhancement and provision of career opportunities in the health field for Métis People in Canada
- Will strive to strengthen and increase the capacity of the Métis People workforce in Canada with the goal of delivering the highest standards of care
- Is evolutionary and responsive to the health and wellness needs of the Métis People in Canada

Within NAHO, the Métis Centre contributes to the development of policy papers, communications efforts and partners on an as-needed basis with the First Nations and Inuit centres. In collaboration with the Métis Centre Governing Committee and Métis organizations, the Métis Centre has established as its areas of interests:

- Capacity-building at the community-level through training workshops and programs
- Sharing information and enhancing communications with Métis organizations and individuals as well as health organizations and professionals
- Facilitating research and policy development by providing information to Métis organizations on a wide range of topics ranging from ethics and research to policy



ACHIEVEMENTS IN 2001-2002

Environmental Scan of Health Information, Initiatives and Programs

Developed in collaboration with the Policy Unit, this scan has served to inform the Métis Centre of political and social issues that continue to affect the health outcomes of the Métis. The document also provides an overview of Métis organizations involved in health policy, programs or services, government initiatives, and concludes with an analysis of current practices.

Linkages with Métis organizations

At the core of its developmental activities, the Métis Centre has put emphasis on establishing working relationships with Métis organizations across Canada. Much work remains to be done, but we trust the relationships we built in our first few months of existence will allow us to work more closely with Métis organizations and individuals and significantly contribute to our ability to help improve the health of the Métis People in Canada.

Research and Policy

In 2001-2002, the Métis Centre has contributed to the development of research and policy papers undertaken by the NAHO Policy Unit. In the establishment of a working relationship with Métis organizations, we have worked in collaboration with the Métis National Council for its submission to the Commission on the Future of Health Care in Canada.

PRIORITIES FOR 2002-2003

To improve and promote, through knowledge-based activities, the health of Métis People in Canada:

- Sharing of information through activities such as information sessions with Métis individuals and organizations
- Development and dissemination of health and wellness promotion material
- Assistance in capacity building through training workshops and programs

To promote health issues pertaining to Métis People in Canada by means that include communications and public education activities:

- Regular communications with Métis and health organizations
- Identification of key health issues and priorities for the Métis People in Canada
- Contribution to the development of policy and research papers

To facilitate and promote research and develop research partnerships relating to health issues:

- Identification of key research interests and goals

- Facilitation or spearheading, where appropriate, of health research initiatives
 - Development of information material for Métis communities and researchers
- To foster the recruitment, retention, training and utilization of Métis People in Canada in the delivery of health care:

- Establishment of a virtual network of Métis health professionals, students, and stakeholders including creation of an electronic database, networking and mentoring programs
- Identification of training gaps, barriers and opportunities for Métis
- Identification of scholarships and bursaries available to Métis students

To affirm traditional Métis healing practices through validating traditional practices and medicines and ensuring such practices receive recognition:

- Beginning the process for the recognition of traditional Métis healers, health knowledge and healing practices
- Participation in activities undertaken by Métis organizations in promoting traditional health knowledge
- Identification of resources and sources of recording of Métis Elders





CONCLUSION

The National Aboriginal Health Organization looks forward to a progressive year in 2002-2003 as we continue working on our five objectives.

Among our efforts to improve and promote the health of Aboriginal Peoples through knowledge-based activities, NAHO plans to establish its clearinghouse for national and international Aboriginal health information, publish the first edition of its biannual journal, and provide ongoing analysis of health policy and legislation affecting Aboriginal Peoples. We will also develop a national inventory of Aboriginal health expertise and establish a network of best practice sites and practitioners.

In the area of promotion of health issues pertaining to Aboriginal Peoples, NAHO will pursue partnerships with regional, national and international health organizations. We will continue with the development of position papers and presentations regarding critical Aboriginal health issues.

Research activities will focus on the ongoing examination of the research environment, including emerging health needs and the current state of knowledge in Aboriginal health. NAHO will also initiate partnerships with national and international health research organizations.

The recruitment and retention of Aboriginal Peoples in the delivery of health care is another priority. NAHO will implement a public education campaign to promote Aboriginal Peoples' participation and enrolment in health careers and develop strategies to support the emergence of new Aboriginal health professions.

Finally, we will develop strategies that will outline an appropriate role for NAHO to preserve and protect traditional healing knowledge and practices. We will develop research models and protocols to support traditional healing practices and medicines, develop a network of traditional healers, and organize a national conference to showcase developments, challenges, and opportunities to improve the health of Aboriginal Peoples in Canada.





Tammy Bastarache
Chartered Accountant

Auditor's Report

To the Board of Directors
Organization for the Advancement of Aboriginal Peoples Health
(operating as National Aboriginal Health Organization):

I have audited the statement of financial position of the Organization for the Advancement of Aboriginal Peoples' Health as at March 31, 2002 and the statements of revenues and expenditures, surplus, and cash flows for the year then ended. These financial statements are the responsibility of the Corporation's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit included examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Organization for the Advancement of Aboriginal Peoples' Health as at March 31, 2002 and the results of its operations for the year then ended, in accordance with Canadian generally accepted accounting principles.

Chartered Accountant

Ottawa, Ontario
July 4, 2002

211-1427 Ogilvie Road, Ottawa, ON K1J 8M7
Tel.: 745-1444 • Fax: 745-7921 • e-mail: tbca@sprint.ca



FINANCIAL STATEMENTS

Organization for the Advancement of Aboriginal Peoples' Health *operating as* National Aboriginal Health Organization

Statement of Financial Position

March 31,	2002	2001
Assets		
Current Assets		
Cash and bank	\$ -	\$ 205,159
GST receivable	90,483	44,617
Interest receivable	20,822	24,629
Funding receivable	3,434,000	-
Prepaid expenses	101,431	27,470
Prepaid pension plan premiums (Note 5)	2,283	-
	<u>3,649,019</u>	<u>301,875</u>
Short Term Investments (Note 3)	13,209,981	8,794,693
Capital Assets (Note 4)	<u>776,863</u>	<u>149,757</u>
	<u>\$ 17,635,863</u>	<u>\$ 9,246,325</u>
Liabilities and Surplus		
Current Liabilities		
Bank overdraft	\$ 270,455	\$ -
Accounts payable and accrued liabilities	1,038,124	149,505
Pension plan premiums payable (Note 5)	-	2,324
	<u>1,308,579</u>	<u>151,829</u>
Surplus	<u>16,327,284</u>	<u>9,094,496</u>
	<u>\$ 17,635,863</u>	<u>\$ 9,246,325</u>

Approved on behalf of the Board:

Dr. Judith Bartlett
 Chairperson of the Board

Mr. Morley Norton
 Chairperson, Finance Committee

Statement of Surplus

March 31,	2002	2001
Surplus, beginning of year	\$ 9,094,496	\$ -
Net surplus for the year	<u>7,232,788</u>	<u>9,094,496</u>
Surplus, end of year	<u>\$16,327,284</u>	<u>\$ 9,094,496</u>



Organization for the Advancement of Aboriginal Peoples' Health *operating as* National Aboriginal Health Organization

Statement of Revenues and Expenditures

March 31,	2002	2001
Revenue		
Core funding	\$ 7,500,000	\$ 10,850,000
Regional health survey	3,868,000	-
Other special project funding	68,750	-
Interest and other income	387,977	387,072
	<u>11,824,727</u>	<u>11,237,072</u>
Expenditures		
Accounting, audit and legal	49,054	72,548
Advertising and promotion	112,739	54,966
Amortization	81,764	13,210
Bank charges and interest	3,019	4,406
Honoraria	249,374	277,775
Conferences and meetings	850,338	427,457
Equipment purchase, maint. & support	272,445	59,079
Insurance	7,506	3,064
Professional fees	548,400	313,388
Pension plan	24,502	1,004
General office and supplies	66,818	68,143
Postage and courier	8,658	9,871
Printing	34,236	15,351
Recruitment and staff relocation	143,215	219,401
Rent and business tax	98,828	77,177
Staff travel	139,940	26,039
Telecommunications	25,684	28,349
Translation	26,793	20,297
Wages, benefits and payroll taxes	1,221,325	451,051
Flow-through funding	627,301	-
	<u>4,591,939</u>	<u>2,142,576</u>
Net Surplus for the year	\$ 7,232,788	\$ 9,094,496

Statement of Cash Flows

March 31,	2002	2001
Cash flows from operating activities		
Cash received under funding agreement	\$ 8,002,750	\$ 10,850,000
Cash paid to suppliers and employees	(3,745,990)	(2,049,624)
Cash flows from operating activities	<u>4,256,760</u>	<u>8,800,376</u>
Cash flows from investing activities		
Purchase of capital assets	(708,870)	(162,967)
Interest received	391,784	362,443
Cash flows from investing activities	<u>(317,086)</u>	<u>199,476</u>
Net increase in cash and cash equivalents	3,939,674	8,999,852
Cash and cash equivalents, beginning of year	8,999,852	-
Cash and cash equivalents, end of year	\$ 12,939,526	\$ 8,999,852

Cash and equivalents consist of cash on hand and balances/overdrafts with banks, and short term investments (Note 3) that are readily convertible to cash and are less than three months to maturity. Cash and cash equivalents comprise the following amounts from the statement of financial position:

	2002	2001
Cash on hand and balances/ overdraft with banks	\$ (270,455)	\$ 205,159
Short term investments (Note 3)	13,209,981	8,794,693
	<u>\$ 12,939,526</u>	<u>\$ 8,999,852</u>



FINANCIAL STATEMENTS

Organization for the Advancement of Aboriginal Peoples' Health operating as National Aboriginal Health Organization

Schedule of Division Expenditures March 31, 2002

	Management & Support	Information Technology	Communic'ns Clearing House	Conferences	Policy Analysis & Devp't	Partnership Devp't/Fund Raising	Regional Health Survey
Accounting, audit and legal	\$ 43,271	\$ -	\$ -	\$ 647	\$ -	\$ -	\$ 3,636
Advertising and promotion	34,157	-	58,634	17,322	-	-	-
Administration fee	(21,700)	-	-	-	-	-	21,700
Amortization	26,281	-	14,601	-	14,601	-	-
Bank charges and interest	3,019	-	-	-	-	-	-
Honoraria	1,575	-	-	19,950	11,200	-	-
Conference and meetings	973	-	1,172	254,447	16,879	3,070	48,721
Equipment purchase, maint. & support	114,806	6,268	30,646	487	25,460	-	3,221
Insurance	7,506	-	-	-	-	-	-
Professional fees	66,726	73,413	5,538	73,297	176,623	-	76,847
Pension plan	11,739	-	2,462	-	3,073	-	2,375
General office and supplies	45,200	-	3,839	-	4,246	-	1,151
Postage and courier	4,684	-	2,098	-	6	-	-
Printing	2,562	-	2,341	22,123	439	-	-
Recruitment and staff relocation	135	-	7,372	-	54,798	-	324
Rent and business tax	52,326	-	8,183	-	10,186	-	-
Staff travel	13,814	-	431	8,963	19,923	15,651	7,754
Telecommunications	8,885	-	2,857	14	2,320	2	1,893
Translation	15,849	654	4,037	2,704	-	-	2,492
Wages, benefits & payroll tax	553,883	-	129,084	-	170,791	-	74,239
Flow-through funding	-	-	-	-	-	-	627,301
	\$ 985,691	\$ 80,335	\$ 273,295	\$ 399,954	\$ 510,545	\$ 18,723	\$ 871,654



Organization for the Advancement of Aboriginal Peoples' Health *operating as* National Aboriginal Health Organization

Schedule of Division Expenditures March 31, 2002

	Board	Committees	First Nations Centre	Inuit Centre	Métis Centre	Total
Accounting, audit and legal	\$ -	\$ -	\$ -	\$ 1,500	\$ -	\$ 49,054
Advertising and promotion	1,126	-	1,500	-	-	112,739
Administration fee	-	-	-	-	-	-
Amortization	-	-	8,760	5,840	11,681	81,764
Bank charges and interest	-	-	-	-	-	3,019
Honoraria	52,885	79,916	16,823	26,075	40,950	249,374
Conference and meetings	108,697	121,212	46,456	158,242	90,469	850,338
Equipment purchase, maint. & support	28,432	-	26,145	17,831	19,149	272,445
Insurance	-	-	-	-	-	7,506
Professional fees	4,536	-	6,513	29,211	35,696	548,400
Pension plan	-	-	2,981	1,872	-	24,502
General office and supplies	2,744	-	3,532	2,513	3,593	66,818
Postage and courier	54	-	678	145	993	8,658
Printing	353	-	3,450	2,766	202	34,236
Recruitment and staff relocation	-	-	13,807	27,939	38,840	143,215
Rent and business tax	-	-	11,907	8,527	7,699	98,828
Staff travel	293	-	23,552	14,952	34,607	139,940
Telecommunications	10	-	4,003	1,976	3,724	25,684
Translation	28	-	568	461	-	26,793
Wages, benefits & payroll tax	-	-	90,815	108,555	93,958	1,221,325
Flow-through funding	-	-	-	-	-	627,301
	\$ 199,158	\$ 201,128	\$ 261,490	\$ 408,405	\$ 381,561	\$ 4,591,939



FINANCIAL STATEMENTS

Organization for the Advancement of Aboriginal Peoples' Health *operating as* National Aboriginal Health Organization

Notes to Financial Statements

March 31, 2002

1. Nature of Activities

The Organization for the Advancement of Aboriginal Peoples' Health (OAAPH) was incorporated March 10, 2000 by letters patent under Part II of the Canada Corporations Act and is recognized as a non-profit organization for income tax purposes.

Created to provide a bridge between the Canadian health system and Aboriginal health and healing, OAAPH is dedicated to improving the physical, social, mental, emotional and spiritual health of Aboriginal Peoples.

The organization operates as 'National Aboriginal Health Organization' and is funded primarily through a funding agreement with the Health Canada department of the federal government. The agreement commenced August 1, 1999 and terminates March 31, 2004.

Notes to Financial Statements

March 31, 2002

2. Significant Accounting Policies

(a) Revenue recognition policy

Revenue is recorded on the accrual basis. Payments due under a funding agreement, but not received until after the end of the fiscal year, are recorded as receivable and as revenue.

Payments received under a special project funding agreement but not spent before the end of a fiscal year for which there is provision for carry over to the next year are recorded as deferred revenue.

(b) Capital assets and amortization

Capital assets are recorded at cost. Major acquisitions are capitalized, maintenance and repairs and minor acquisitions are expenses as incurred. Amortization of capital assets is determined on a straight-line basis over the estimated useful lives of the assets as follows:

	2002	2001
Office furniture	5 years	10 years
Office equipment	5 years	10 years
Computer equipment	3 years	3 years
Leasehold improvements	remaining lease term	remaining lease term

During the year, the estimated useful lives of the assets were revisited with the new estimates as indicated above. This change in accounting estimate is being treated prospectively.



Notes to Financial Statements

March 31, 2002

3. Short Term Investments

Short term investments are recorded at cost. The fair value of the investments as at March 31, 2002 was \$ 13,225,713 (March 31, 2001 – \$8,816,423).

	<u>Cost 2002</u>	<u>2001</u>
Government of Canada T-Bill, Face amount \$1,106,000, Due April 12, 2001.	\$ -	\$ 1,008,299
Government of Canada T-Bill, Face amount \$906,000, Due April 26, 2001.	-	899,721
Government of Canada T-Bill, Face amount \$6,911,000, Due April 12, 2001.	-	6,886,673
Government of Canada T-Bill, Face amount \$12,043,000, Due May 9, 2002.	11,999,404	-
Government of Canada T-Bill, Face amount \$1,214,000, Due May 9, 2002.	1,210,577	-
	<u>\$ 13,209,981</u>	<u>\$ 8,794,693</u>

Notes to Financial Statements

March 31, 2002

4. Capital Assets

	<u>2002</u>		<u>2001</u>	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Office furniture	\$ 165,839	\$ 20,136	\$ 145,703	\$ 72,459
Office equipment	220,057	8,627	211,430	17,672
Computer equipment	279,362	30,123	249,239	37,953
Leasehold improvements	206,579	36,088	170,491	21,673
	<u>\$ 871,837</u>	<u>\$ 94,974</u>	<u>\$ 776,863</u>	<u>\$ 149,757</u>

Capital assets of \$708,870 (March 31, 2001 - \$162,967) were purchased during the year.

5. Registered Pension Plan

OAAPH has entered into a defined contribution pension plan agreement with London Life Insurance Company for the benefit of participating employees effective March 1, 2001.



FINANCIAL STATEMENTS

Organization for the Advancement of Aboriginal Peoples' Health *operating as* National Aboriginal Health Organization

Notes to Financial Statements

March 31, 2002

6. Commitments

OAAPH has entered into the following significant operating lease commitments.

	Annual Commitment	
	2002	2001
	\$	\$
Office premises 56 Sparks St. To June 2005, base rent plus estimated operating costs, a portion of which is subleased at no charge to another non-profit organization from November 2001 to October 2003	109,236	104,976
Office premises 130 Albert St. To June 2005, base rent plus estimated operating costs	124,380	-
Office equipment August 2000 to August 2004 Lease bought out January 2002	-	16,720
Computer equipment August 2000 to December 2003 Lease bought out February 2002	-	22,800
Telephone equipment October 2000 to March 2005 Lease bought out January 2002	-	6,540

7. Accounting and Legal Fees

Accounting and legal fees expense includes \$6,662 of consulting fees paid to the accounting firm of Tammy Bastarache Chartered Accountant.

8. Comparative Amounts

Comparative amounts have been restated in certain instances to conform to the new chart of accounts that was adopted during the year.

For more information, please contact:

National Aboriginal Health Organization

56 Sparks Street, Suite 400
Ottawa, Ontario K1P 5A9

Telephone: (613) 237-9462

Toll-free: 1-877-602-4445

Facsimile: (613) 237-1810

Internet: www.naho.ca