



Southwest Ontario  
Aboriginal Health  
Access Centre

# Deepening Our Roots, Growing Our Impact

SOAHAC ANNUAL REPORT 2025-26

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# Greetings from Leadership

## Aanii, Boozhoo, Shekoli, Koolamalsi, Hello,



When I think about this past year, I don't first think about programs or numbers. I think about people.

I think about the individuals and families who come through our doors needing care, support, and somewhere they can feel safe. I think about our staff and our Traditional Healers and the work they carry every day. And I think about how important it is that SOAHAC continues to be a place where Indigenous people feel welcome, respected, and at home.

**That is what this year has really been about: strengthening what makes SOAHAC what it is.**

When I stepped into the CEO role, I made a promise to myself and to our late Board President, Martha Albert, that we would do the work it takes to become who we say we are. Martha passed in December. One of the last things she said to me was, "Just keep doing it, Jan." That has stayed with me ever since.

Traditional Healing has always been at the centre of our work. This year, I have seen that more clearly and more consistently across our organization, and the data reflects a strong increase in Traditional Healing encounters. We have seen more connections between Traditional Healing and clinical care. **We have seen healers working alongside care teams in ways that feel real, practical, and deeply meaningful for clients and families.**

***That matters.***

It matters because this is who we are. It matters because it builds trust. And it matters because when care is truly holistic, when it honours the mental, physical, spiritual, and emotional needs of the whole person, people know the difference. They feel the difference.

I have seen that same strengthening in our team. When people work well together, the care they provide is better. When staff feel connected to each other and to the direction of the organization, they show up differently. They support one another differently. They carry the work differently. I have watched it happen this past year.

This year, we brought more than 200 staff from all six sites, Nshwaashnangong Child Care & Family Centre and our Board together for two days - something we had not done in seven years. We broke bread, we shared where each site stood, and for the first time, every team member held a copy of our Strategic Plan in their hands and understood their part in it. We had a drum. We had honesty.

I promised the room that we would do this every year. Because if we do not come together, we cannot know where each site needs help. Our Newbury site needed that support this year, and so we focused on them: space, healers, the search for a doctor. Next year, it will be somewhere else. That is how a family works.

I am also proud that we are having honest conversations about what still needs to be strengthened.

We know there is more work ahead, especially in areas like mental health and in continuing to support all of our sites across the region in the way they need to be supported. We know growth, on its own, is not the goal. For SOAHAC, growth has to happen in a thoughtful way.

**It has to protect our cultural integrity. It has to stay rooted in community. It has to strengthen care, not stretch it thin. This is the path we are walking together.**

Our Strategic Plan gives us a clear direction, but more than that, it reflects something important about SOAHAC: we know who we are, and we know what matters. Traditional Healing matters. Wholistic care matters. Safe, respectful, culturally grounded spaces matter. Strong teams matter. Community matters.

I want to thank our Traditional Healers, our clinical teams, our senior leadership, our Board, and every staff member across our seven sites for the way you have shown up this year. I want to thank the communities we serve, and the families who trust us with their care. And I want to thank Martha – for her years of service, for her vision, and for telling me, when it mattered most, to just keep doing it.

It is an honour of a lifetime to serve as CEO of SOAHAC. There is more work ahead. I believe in this organization. I believe in our people.

**And I intend to keep doing it – with your support.**

**Chii Miigwech/Yaw<sup>^</sup>ko/Anushik/Thank You,**

**JAN MARTIN**

Chief Executive Officer



TRADITIONAL HEALING TEAM





## In Honour of Martha Albert, Board Chair

It is with a heavy heart that we reflect on the passing of our beloved Board Chair, Martha Albert. Martha first touched the earth from the eastern doorway on December 24, 1944. She completed her sacred journey (bmaadziwin) on December 3, 2025. We continue to offer our good thoughts and our prayers to her spirit, to her family members and to her friends and acquaintances as she prepares to change worlds on her journey through the western doorway.

Martha was part of the SOAHAC family for most of our organization's existence. She offered her guidance, leadership and eldership with love and purpose, bringing her whole heart to every role she carried. Her contributions were grounded in the Seven Grandfather Teachings of the Anishnaabe. Her kindness, humility and deep commitment to the wholistic well being of Indigenous children, families and communities shone through everything she did.

Throughout her many years of service as Board Member, Elder and President, Martha helped shape the growth, spirit and future direction of SOAHAC. She strengthened our programs, supported our teams and upheld the teachings and values that guide our work for the communities we serve.

As we navigated this loss, we acknowledged the cultural significance of grief and the importance of supporting one another in a good way. In many Indigenous traditions, the passing of a community leader invites us to pause, reflect, lift each other up and honour her legacy during her celebration of life. We held Martha's family, community and all who knew and loved her in our prayers as they undertook the sacred and difficult task of helping Martha create a good path for her journey home to the Creator.

**We honour her memory by continuing her work of supporting Indigenous communities across Southwestern Ontario.**

# Two Paths, One Teaching

## How a Mother's Journey in Indigenous Health Helped Shape A Surgeon



**Erik Mandawe (ᐱᓴᓯᐱᓪ) brought his mother to SOAHAC.**

Not as a grand gesture. Not as a ceremony. As something quieter and, in its own way, more significant. A son recognizing that his mother's life in health care had been marked by grit, service, and sacrifice...and that she deserved a place where Indigenous-led care wasn't an exception. It was the foundation.

In London, Erik was learning medicine while carrying questions that many Indigenous learners know intimately: What does it mean to enter a system that has not always made room for you? What does healing look like when it is cultural, relational, and land-connected, not just clinical?

When he encountered SOAHAC, he saw more than an organization. He saw alignment. And he connected his mother to it.

*That moment matters*, because it clarifies what this story really is: two lives moving along distinct paths, mother and son, guided by a shared teaching about respect, relationship, and self-determination.

### **A White Coat, Reclaimed**

On the morning of his medical school White Coat Ceremony, Erik felt uneasy. For many students, the white coat symbolizes honour and achievement. For Erik, a Bush Cree man, an artist, a son and a grandson of people shaped by colonial systems, it carried a different weight.

He wondered how he could step into a symbol that, for many Indigenous families, has also represented authority, harm, and exclusion.

So he did something simple, and quietly radical: he brought the coat home.

With his mother, Ramona Dunn, he reimagined it. Together, they embroidered the coat with teachings from their family and community: symbols from Beaver Lake Cree Nation, colours of kinship, his adoptive Wolf Clan, and two thunderbolts representing his name Piyesiwak "Thunder." Placed side by side, those thunderbolts also referenced the Two Row Wampum: two distinct paths travelling together in mutual respect, balance, and non-interference.

In doing so, Erik transformed the coat. It no longer belonged only to the institution. It belonged to him, to his family, his ancestors, and the land that shaped him.

## Ramona's Journey: Carving a Healing Path Against the Odds

Long before Erik reimagined the white coat, Ramona was carving out her own path, one marked by resilience and an unshakable belief that things could be better for Indigenous families.

She grew up spending summers in a hut behind a gas station along Highway 7. No plumbing. No running water. Waste thrown into a field. Her mother survived residential school. Poverty was constant. Systems weren't built for them, yet she carried a quiet conviction that life did not have to remain this way.

That belief led her into nursing in 1980, and eventually into nearly every corner of the health-care system: coronary care, intensive care, labour and delivery, public health, home care, long-term care. "You name it, I did it," she says.

But something shifted when she began working within Indigenous-led spaces. She learned from Elders, knowledge-keepers, and clients who brought teachings into care. **She was reminded that healing is relational, cultural, and spiritual — not only clinical.**

When she eventually joined SOAHAC, she felt something rare inside Western institutions: a deep sense of belonging.

As a dietitian and diabetes educator, she taught about what are often described as the "five white gifts" sugar, flour, lard, powdered milk, and salt and the ways rations and imposed food systems disrupted traditional food knowledge and health. She connected the dots between history and today's patterns in chronic disease. She reminded clients that reclaiming traditional foods and teachings could also reclaim health, dignity, and balance.

"I wanted our people to know they could reverse more than diabetes," she says. "They could reclaim their wellness."

## A Son Watching His Mother's Example

Growing up, Erik watched his mother work long hours, carry heavy stories, and support community with a blend of practicality, humour, and cultural grounding. At the time, he didn't fully grasp the impact, but the example took root.

He never expected to be a doctor. He was an artist first: a musician, a performer, a visual storyteller. But art taught him discipline. Discipline brought academic success. And success opened a door to medical school.

Still, he understood the stakes. "Medical school is a different way of relating to people," he has said. He knew he would have to protect his identity, his culture, and his teachings in spaces that weren't designed for Indigenous learners.

**That is why the white coat moment mattered. It was his first act of self-determination inside a system that hasn't always made room for Indigenous presence.**

## Learning Medicine Through a Cree Lens

Erik often describes himself not only as a medical student, but as a Cree learner, someone whose understanding comes from experience, relationality, and the land.

“There is a teaching that our environment shapes the way we think,” he has said. “I need to know how the information I’m learning in the classroom relates to the land, because that’s what I want to shape my thinking.”

While studying the respiratory system, he was mountain climbing in Alberta. In the snow-covered branches, he saw alveoli. In the trees, he saw lungs. He recognized the rhythm of breathing as something shared between people and the land.

**Medicine made more sense this way, not as separate systems, but as relationships.**

## The Surprising Pull of Surgery

At first, Erik imagined working in community practice. A six-week elective with Dr. Doris Mitchell, an Indigenous rural family physician in Chapleau, showed him the power of Indigenous clinicians serving both Indigenous and non-Indigenous communities. He could see himself doing the same.

But in third year, something unexpected happened. He began dreaming vividly about the operating room. He felt drawn to surgery in a way he couldn’t intellectualize. It felt familiar. The more time he spent there, the clearer the connection became: surgery, in its structure and spirit, resembled ceremony.

**“The way I feel in the operating room is so similar to how I feel on the land in ceremony,” he has said. The focus. The helpers. The responsibility. The precision. The shared intention.**

Plastic and reconstructive surgery, a field that blends artistry with technical skill, became the path that honoured both his gifts and his identity. He ranked it first. He competed against hundreds for one of only 25 spots in Canada. On match day, when the email arrived confirming his residency in Halifax, he sat quietly and cried, not only from stress, but from gratitude.

“I knew this wasn’t just about me,” he said. “It included my parents, my grandparents, our Elders, my community, everyone who has contributed to who I am today.”

## Two Lives, One Teaching

Ramona and Erik are walking different paths, but their stories move in parallel, like the Two Row Wampum symbols stitched into Erik’s coat.

**Both are guided by respect, responsibility, relationship, and a commitment to uplifting Indigenous communities.**

Ramona brought compassion, humour, and cultural grounding to her work at SOAHAC. Erik brings artistry, ceremony, and Cree perspective into one of medicine’s most demanding specialties. Together, they show that Indigenous presence in health care is not only powerful, it is transformative.

## Why This Story Matters for SOAHAC

**For Indigenous communities, healing is not only physical. It is cultural. It is intergenerational. It is connected to land, history, ceremony, and identity.**

Ramona's story embodies the heart of SOAHAC's mission: culturally safe, relationship-based, whole-person care.

Erik's journey points to what becomes possible when Indigenous youth see themselves reflected in health care, not only as patients, but as clinicians, scholars, mentors, and leaders.

Their story is a reminder that Indigenous wellness is not only about surviving the past. It is about shaping the future.

## A Future Rooted in Ceremony and Care

Ramona is at the end of her professional journey, after retiring this spring. Erik is at the beginning. But both carry the same teaching:

**Healing is strongest when identity and culture are honoured — *not erased*.**

A future is possible where ceremony and medicine can coexist. Where Indigenous presence is not exceptional, but expected. Where identity is not something to be set aside, but something that strengthens the hands doing the healing.

This is the legacy Ramona and Erik are building: *side by side*.

A legacy of resilience.

A legacy of belonging.

A legacy of wellness that travels across generations.

A reminder that healing is something we walk together.

## Celebrating Ramona Dunn

Thank you to Ramona for her many years of work at SOAHAC as a Diabetes Nurse Educator and Occupational Health Nurse. She established our off-loading devices program, was the first person in the Occupational Health role here, and helped SOAHAC London move to its new Dundas St. Site.

**Congratulations on your retirement!**



# Our Clients



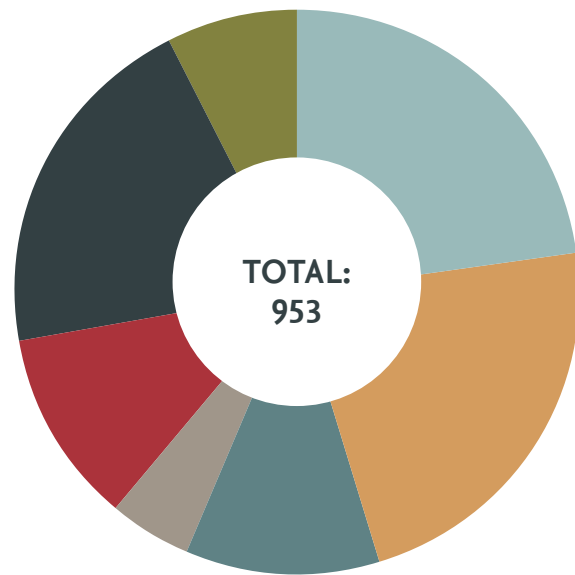
Empowering Indigenous individuals  
to connect to culturally-aware care.



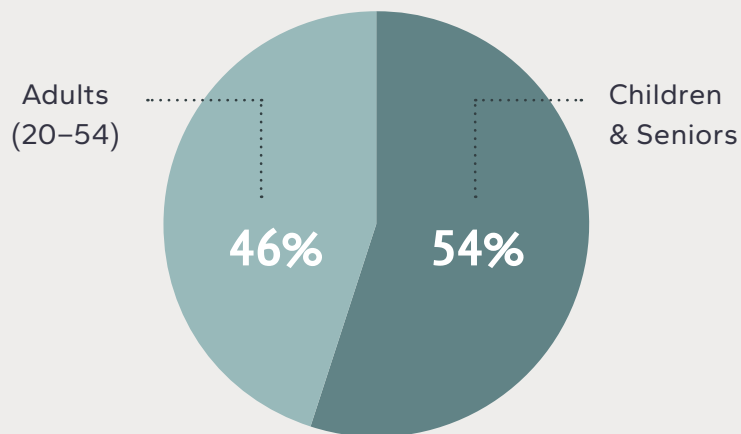
# Connecting to Clients: By the Numbers

## PRIMARY CARE INTAKE BY SITE

- CHIPPEWA - 209
- LONDON - 177
- OWEN SOUND - 106
- NEWBURY - 90
- WATERLOO WELLINGTON - 184
- WINDSOR - 187



## CLIENT DEMOGRAPHICS



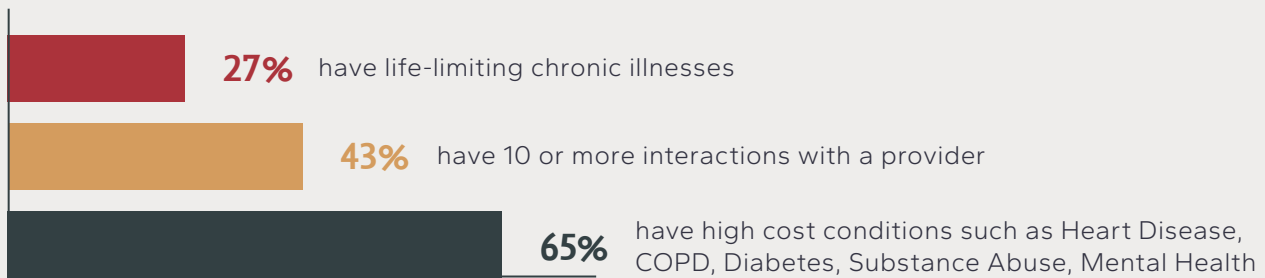
# Indicators of Complexity:

## NUMBER OF VISITS

On average, our team has 13 encounters per year with each client.

NUMBER OF VISITS	>100	50 - 99	40 - 49	30 - 39	20 - 29	10 - 19
NUMBER OF CLIENTS	17	135	101	153	468	1,063

## CLIENTS WITH ONE OR MORE HIGH COST CONDITIONS



# Our Services

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Blending Indigenous teachings and Western health practices to deliver high-quality, wholistic care.

# SOAHAC Locations & Service Areas



**FIRST NATIONS & FRIENDSHIP CENTRES**

- 1 Aamjiwnaang First Nation
- 2 Caldwell First Nation
- 3 Chippewas of Nawash Unceded First Nation (*Neyaashiinigmiing*)
- 4 Chippewas of the Thames First Nation (*Deshkan Zibiing*)
- 5 Delaware Nation at Moraviantown (*Eelünaapéewi Lahkéewiit*)
- 6 Kettle & Stony Point First Nation
- 7 Munsee-Delaware Nation
- 8 Oneida Nation of the Thames (*Onyota'a:ka*)
- 9 Saugeen First Nation (*Zaagiing*)
- 10 Walpole Island First Nation
- 11 CAN-AM Friendship Centre
- 12 M'Wikwedong Indigenous Friendship Centre
- 13 N'Amerind Friendship Centre

**SOAHAC SITES**

- 14 Chippewa
- 15 London
- 16 Newbury
- 17 Owen Sound
- 18 Waterloo Wellington
- 19 Windsor



## PRIMARY CARE SERVICES

# Our Relationship-Anchored System of Care

**At SOAHAC, primary care is the entry point that connects individuals and families to a full circle of services.**

Care is grounded in Indigenous ways of knowing, being, and doing. It is relational, coordinated, and delivered through a team that includes Physicians, Nurse Practitioners, Nursing, Allied Health providers (including dietitian services, chiroprody, physiotherapy), Indigenous Patient Navigation, and community supports. This approach ensures that care is not delivered in isolation, but through connection.

Across the year, our primary care teams strengthened access to specialized services through partnerships and service agreements, like at Chippewa site, where respiratory therapy supports (e.g., COPD care), and visiting psychiatry services through London Health Sciences Centre, created a more comprehensive, “one-stop” approach to care within the community.

Throughout the year, teams maintained high-volume access to care for clients with complex and ongoing needs while strengthening team-based approaches to primary care, known as the SOAHAC Circle of Care. It means that team members step in to meet urgent needs without delays, like when a young infant requiring urgent assessment was seen promptly, supporting early intervention and reassurance for the family during a critical time. This reflects more than clinical response; it demonstrates that care is carried through relationships, teamwork, and shared responsibility, ensuring individuals and families are supported when it matters most.

# Site & Service Expansion Across Our Region

**Across SOAHAC's service area, teams focused on strengthening access, improving coordination, and building trust within communities.**

In Owen Sound, the team was focused on renovating and expanding our space to allow us to host community events and client programs. Much of this program work will be led by the traditional healing team, who will be able share traditional teachings and lead ceremonies and other programs in this space.

The Owen Sound team also worked to better understand the needs of community members, and to build trust with the team by ensuring data is recorded accurately and client charts are updated in a timely manner. This means client care moves smoothly between providers and clients can access the care they need more easily. They also reconnected with local First Nations and other Community Partners to be able to offer programs in partnership.

SOAHAC recruited a new full-time physician for our Cambridge site to expand primary care access in Waterloo Wellington, and in Windsor, the SOAHAC Mobile Outreach van was used to support outreach services in Caldwell and Leamington.

At Chippewa and Newbury sites, the Indigenous Patient Navigator played a key role in strengthening relationships with external healthcare partners, including Strathroy Middlesex General Hospital, St. Thomas Elgin General Hospital, and Four Counties Health Services. Through this work, clients were better supported by navigating hospital systems, accessing appointments, and maintaining continuity of care between community and hospital-based services.

Across all of our sites, teams worked to improve our waitlist and intake process so that more clients could access care closer to home. Staff followed up with waitlist clients to identify who still needed a primary care provider, and to connect them to programs while they waited for intake. Together, SOAHAC's sites are working to help clients access wholistic care closer to home.

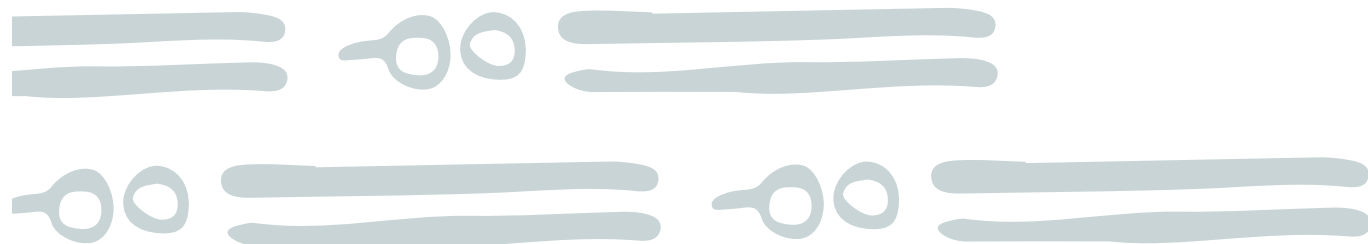
## Supporting Individuals Living With Diabetes

Dietitian services supported individuals living with chronic conditions, including diabetes, through education, monitoring, and ongoing care planning across all of our sites. This included the use of Continuous Glucose Monitoring (CGM) devices, allowing for more accurate, real-time tracking and supporting clients in understanding and managing their health in a more informed way.

Beyond clinical care, team members worked to reduce barriers and advocate for client needs, including coordinating access to devices and supports such as tablets to ensure clients could effectively use monitoring technology and stay connected to their care. Monthly Diabetes groups covered topics such as heart health, foot care, exercise and meal planning to offer further accessible support.

Regular chiropody clinics provided consistent access to preventative and ongoing foot care, supporting individuals with Diabetes and other conditions in maintaining mobility and reducing complications.

**These services reflect a model where care goes beyond appointments, addressing barriers, supporting self-management, and ensuring individuals have the tools and support needed to maintain their health within their daily lives.**





## Whole Life Care Across the Continuum

At Chippewa and Newbury sites, end-of-life care was supported through a community-based palliative care program in partnership with Southwest Middlesex Health Centre (Mount Brydges), ensuring individuals remained connected to family, community, and cultural support during this time. This approach supported continuity across the life journey, strengthened access to specialized care, and ensured individuals remained connected to culturally grounded services within their own community.

# Clinical Services

53,356 Patient Encounters

Our clinical services team works together to provide the best possible wholistic healthcare for our 4,810 registered primary care clients, including the following encounters by provider:

- 41,531 PRIMARY CARE
- 3,104 DIABETES EDUCATION & NUTRITION PROGRAM
- 1,349 CHIROPODIST
- 797 PHYSIOTHERAPY

Care is grounded in Indigenous values, traditions, and ways of knowing. This approach strengthens trust, supports engagement, and contributes to improved health outcomes for individuals, families, and communities.

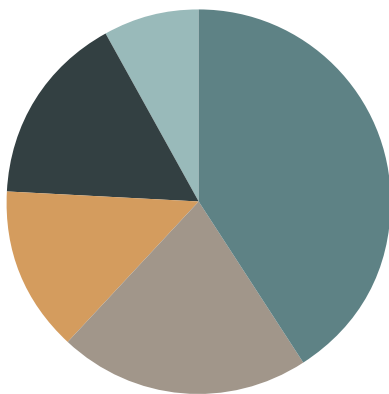
## Wholistic Integrated Care

Integrated care is core to our care philosophy. Internal referrals and clients accessing multiple services help create compassionate care for the whole person.

**43% of referrals are internal (equal to 3,506 referrals), and 56% of our clients access three or more service providers.**

## Top Concerns

The multidisciplinary team supports clients on healing paths through a range of health needs. Their top concerns include:



- MENTAL HEALTH, DEPRESSION, ANXIETY **41%**
- SOCIAL ISOLATION, FOOD INSECURITY, TRANSPORTATION **21%**
- DIABETES & RELATED **14%**
- HYPERTENSION **16%**
- PAIN MANAGEMENT/SUBSTANCE USE **8%**

## PREVENTING & DETECTING CANCER

SOAHAC monitors cancer screening and diabetic indicators to ensure clients continue to be in good health and live in a good way.

**52.4%** **CERVICAL CANCER SCREENING RATE** for our eligible clients 20 – 69 who had a Papanicolaou (Pap) smear within the past three years.

**53.7%** **COLORECTAL CANCER SCREENING RATE** for eligible clients 50 – 74 who had a fecal occult blood test within the past two years, sigmoidoscopy or barium enema within five years, or a colonoscopy within the past 10 years.

**55.5%** **BREAST CANCER SCREENING RATE** for eligible clients 50 – 74 who had a mammogram within the past two years.

**73.3%** **CHILDHOOD IMMUNIZATIONS COMPLETED**



## DENTAL CARE

# 1,234 Patient Encounters

**At SOAHAC, our model of care is grounded in Indigenous values, traditions, and ways of knowing, ensuring that services are both clinically effective and culturally responsive. This approach continues to strengthen trust, enhance client engagement, and support improved health outcomes across the individuals, families, and communities SOAHAC serves.**

Over the past year the dental clinic has significantly expanded service capacity through the successful implementation of two full-time dental clinic sites. Each site is staffed with a dedicated dentist and dental hygienist, resulting in increased appointment availability, improved continuity of care, and reduced wait times for clients. This expansion has strengthened our ability to deliver comprehensive general dental services to clients of all ages—from children to Elders—within a consistent, accessible, and culturally safe care environment.

In addition to enhanced in-clinic capacity, our team continues to prioritize community-based service delivery to improve access and early intervention. Through the ongoing delivery of the Children's Oral Health Initiative (COHI), the clinic provides preventative care and oral health education to children and caregivers in First Nations communities. Our outreach efforts—including regular visits to on-reserve schools and local daycares—support increased screening rates, early identification of dental concerns, and expanded access to fluoride treatments and oral health promotion.

Collectively, these efforts contribute to reduced barriers to care, increased preventative service uptake, and stronger foundations for lifelong oral health, while advancing holistic wellness for Indigenous families and communities.





## MENTAL HEALTH & ADDICTIONS

# Creating Multiple Pathways for Healing and Connection: A Spotlight on Chippewa and Newbury Sites

## Relational & Culturally Grounded Mental Wellness Supports

Mental health and addictions services at Chippewa and Newbury are delivered through a model that recognizes healing as relational and connected to identity, community, and lived experience. Care is grounded in trust, consistency, and cultural understanding, with teams providing counselling, case management, crisis response, tele-mental health, and ongoing care coordination.

Throughout the year, teams worked collaboratively to ensure continuity of care for individuals with complex and evolving needs. This included supporting individuals experiencing mental health challenges, substance use, grief, and ongoing life stressors through consistent engagement and relationship-building. Care extended beyond scheduled appointments through ongoing follow-up, coordination across providers, and integration with primary care and community-based support, ensuring individuals remain connected to services over time.

Mental wellness programming throughout the year was designed to provide multiple, flexible pathways for individuals to engage in care, recognizing that healing happens in different ways and at different times for each person. Programs such as Grief and Healing, craft-based programming, and Take-Home Wellness Bingo created accessible entry points for individuals to connect with services through creativity, shared experience, and community.

These programs were offered alongside ongoing clinical support, allowing individuals to move between structured care and informal, relationship-based spaces that supported emotional expression, reduced isolation, and strengthened community connection.

**This approach increased participation in mental wellness programming, reduced barriers to accessing care, and supported individuals in engaging with services in ways that felt safe, meaningful, and culturally relevant.**

### CLIENT INTERACTIONS

8,891

TOTAL CLIENT ENCOUNTERS

1,762

CHILDREN & YOUTH

1,216

HARM REDUCTION ENCOUNTERS

52

GROUP PROGRAM SESSIONS

1,356

UNIQUE CLIENTS SERVED

246

NALOXONE KITS DISTRIBUTED



## Community-Based Mental Health, Substance Use, and Outreach Supports

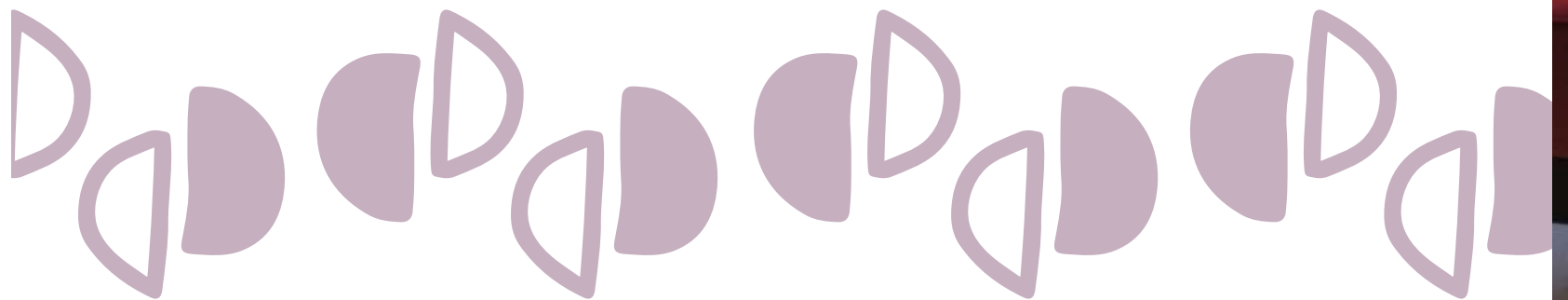
Primary care and mental health teams worked collaboratively to deliver community-based mental health and substance use supports, grounded in relationship, trust, and continuity of care. Services included comprehensive assessment, treatment planning, case management, brief interventions, and ongoing counselling to support individuals in managing substance use and related challenges.

Care was provided across individual, family, and group formats, with frequency and intensity based on client needs. Supports included relapse prevention, family engagement, follow-up, and aftercare, ensuring continuity throughout the care journey.

Services also extended beyond clinic walls through active outreach, supporting individuals in community settings such as home, school, and partner agencies. This approach allowed for early intervention, reduced barriers to access, and strengthened engagement with individuals who may not otherwise connect to care.

Harm reduction remained embedded within this model, including support through the Suboxone program, delivered in a way that is non-judgmental, culturally grounded, and responsive to where individuals are in their journey.

This approach strengthened engagement, improved continuity of care, and supported individuals in maintaining stability and progress within their own community.







## TRADITIONAL HEALING

# Where Healing Begins: Strengthening the Foundation of Care

## Where Wholistic Health Care Begins

**At SOAHAC, Traditional Healing is not an addition to care—it is where care begins.**

Over the past six months, the Traditional Healing Program has continued to grow in ways that are both deeply rooted and forward-looking. This growth reflects a clear and intentional shift: building a health system where Indigenous knowledge, relationships, and practices are not integrated at the margins, but lead at the centre. This work is grounded first and foremost in relationships.

Across the organization, Elders and Traditional Healers continue to shape the direction of the program in meaningful ways. Their guidance informs ceremony, supports the development of healing protocols, and strengthens how care is offered across all sites. As these relationships deepen, they are also helping to build trust within the community—ensuring that clients can access services that feel safe, familiar, and culturally aligned. This ongoing work is laying the foundation for formal Elder-informed advisory structures that will help guide the program into the future.



## HIGHLIGHTS

**Traditional Healing Services Encounters: 1,752**

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**222 Group Events Reaching 1,787 Participants**

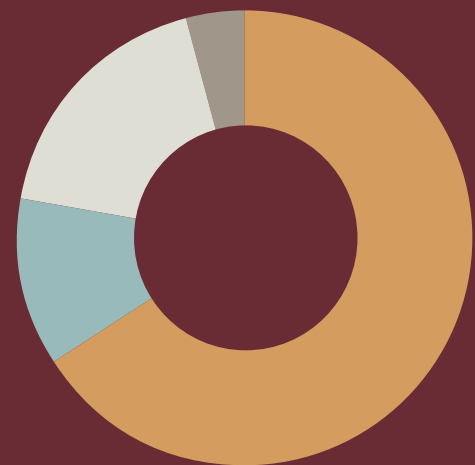
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**Land Based Programs & Events: 74**

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**Major categories of engagement with individuals:**

- **66%** SPIRITUAL GUIDANCE & COUNSELLING
- **12%** TRADITIONAL CEREMONY
- **18%** TRADITIONAL TEACHING
- **4%** OTHER

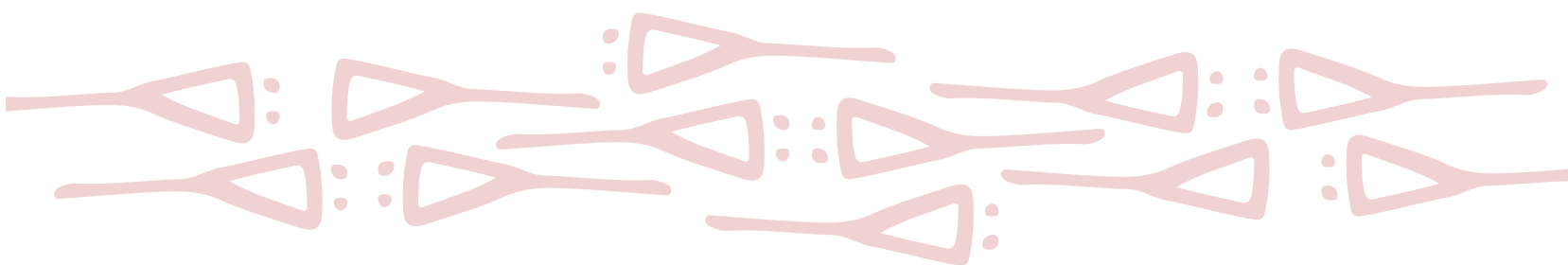


## Increasing Capacity

At the same time, SOAHAC is expanding its capacity to meet growing demand. New Traditional Healing Liaisons are helping clients navigate services and connect more easily to both clinical care and ceremony. Traditional Healing Practitioners and Visiting Healers are increasing access to direct healing supports, including one-on-one care and healing circles. The addition of a Shkaabewis and Land-Based Healing Coordinator is creating more opportunities for land-based programming—supporting clients to reconnect with the land as part of their healing journey. This growth is already making a difference: service gaps are being reduced, clients are experiencing greater continuity in care, and more healing options are available—reflecting the diverse teachings and practices within Indigenous communities.

Across programs, these changes are coming to life in tangible and meaningful ways. Men are gathering through the Journey Together program, building connections and accessing traditional counselling in spaces designed specifically for them. Community members are coming together to prepare traditional corn soup, sharing not only food, but teachings, stories, and time with one another. Healing circles led by visiting Traditional Healers are creating space for reflection, support, and cultural connection.

**Each of these moments—whether in ceremony, in conversation, or in shared preparation—reflects a broader approach to care that honours culture as central to wellness.**





## Growing Indigenous-Led Care Through Policy, Partnership, and Practice

The growth of our traditional healing program is supported by ongoing policy development across the organization. SOAHAC is actively building a framework to guide the integration of Traditional Healing within clinical pathways, ensuring that collaboration between Western providers and Traditional Healers happens in a way that is safe, respectful, and grounded in Indigenous knowledge systems. This work also ensures that Indigenous authority remains central, while aligning with broader healthcare expectations.

Looking ahead, the path forward continues to build on this strong foundation. Cultural Safety Training will expand to new partners across the region. Land-based healing will continue to grow, creating more opportunities for connection to culture and place. Elder and Traditional Healer advisory structures will be formalized, strengthening Indigenous governance within the program. At the same time, new approaches to data and evaluation will better reflect Indigenous definitions of wellness and healing, and we'll continue to strengthen our Indigenous-led Integrated Care Model across all services.

**Traditional Healing is not a single program within SOAHAC—it is the foundation that supports everything else by shaping how care is delivered and guiding how relationships are built. It ensures that every step forward is grounded in the knowledge, strength, and teachings of the communities SOAHAC serves.**

# Cultural Safety Training Program Strengthens Care Pathways

Through SOAHAC's new Cultural Safety Training Program, led by Nikki George, SOAHAC has delivered more than 30 sessions to over 350 frontline hospital staff, along with a large regional virtual event in Windsor that brought together 250 participants. These sessions are strengthening understanding of Indigenous care contexts, building confidence among providers, and opening the door to more meaningful collaboration. Early impacts are already visible, with increased referrals and stronger relationships between SOAHAC and external partners. **This work is helping to create pathways where clients experience more coordinated, respectful care—both within SOAHAC and beyond it.**

“Thank you for the great sessions. The staff loved them and all the feedback was positive. We have seen a positive change in the atmosphere of the ED since the sessions.”

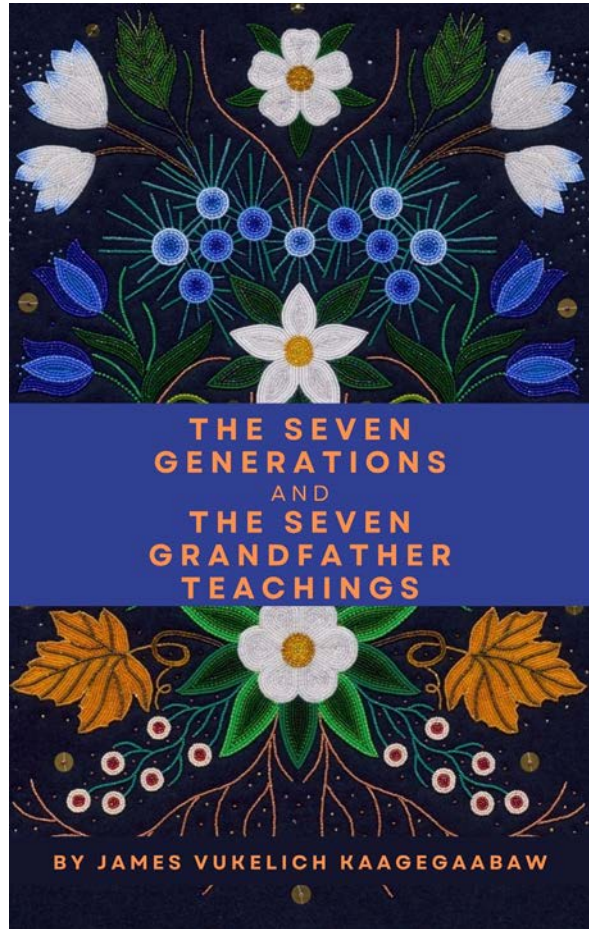
- Heather Stokes, Manager of the Emergency Department, Bluewater Health



# Learning About the Interconnectedness of Language and Culture

James Vukelich Kaagegaabaw, author of *The Seven Generations and the Seven Grandfather Teachings* visited both Nshwaasnangong and SOAHAC London to read from his book, share teachings, and guide us toward Mino-bimaadiziwin, “the good life” – a life of harmony, free from contradiction or conflict.

***Miigwetch to James for providing a copy of his children’s book, *Wisdom Weavers*, to each family at Nshwaasnangong so they can continue learning together.***





## FOOD SECURITY

# Feeding Body, Mind, Soul and Spirit

## Restoring Indigenous Food Knowledge in Urban Communities

The Indigenous Food Sovereignty Program (IFSP) is a five-year collaborative research and programmatic initiative between Western University and SOAHAC that aims to create pathways for urban Indigenous community members to reconnect with traditional foods, land-based practices, and the cultural knowledge that sustains wellness.

For Professor Chantelle Richmond, who leads the program, food security is about far more than access to groceries. It is about restoring relationships — to culture, language, land and community.

An Anishinaabe scholar from Biigtigong Nishnaabeg and Canada Research Chair in Indigenous Health and the Environment at Western University, Richmond has spent nearly two decades working alongside Indigenous communities across the Great Lakes region. Through a long-standing partnership with SOAHAC, she has seen firsthand how Indigenous-led food programs are creating pathways to healing for urban Indigenous families.

Today, most Indigenous people in Ontario live away from their home communities and territories. This geographic separation often means disconnection from traditional foods, cultural teachings and land-based knowledge. Richmond says these realities are rooted in the ongoing impacts of colonialism, including residential schools, displacement and the disruption of Indigenous food systems.





## Food as Culture, Healing and Connection

**At SOAHAC, food programming extends far beyond nutrition.** Families are reconnecting with foods that carry memories, teachings and identity. For many urban Indigenous people — particularly women and families disconnected from their communities through policies such as the Indian Act — organizations like SOAHAC provide vital spaces to reconnect with culture and community.

“What we’re doing is not only connecting people with cultural foods but also reintroducing the knowledge needed to understand Indigenous food systems — all the foods within our culture that are available from local lands and are culturally accepted, including how foods are harvested, prepared, shared and celebrated. These systems draw from knowledge, relationships, ceremony and identity. They are, in the fullest sense, the responsibilities that Indigenous Peoples carry to care for themselves and for their communities and for the lands and waters that constitute who we are.”

- Dr. Chantelle Richmond

# Building the Future of Indigenous Food Sovereignty

Colton Hart was recruited as the Indigenous Food Sovereignty Coordinator in January 2025; his leadership, cultural knowledge, and deep commitment to community have been transformative for the program. In June 2025, Rebecca Rausch joined the team as the Indigenous Food Sovereignty Research Coordinator at Western, bringing essential support to the academic side of this partnership.

Their work is helping urban Indigenous families reconnect with seasonal foods and traditional teachings guided by Indigenous knowledge holders, hunters, language speakers and dietitians. The program follows seasonal and lunar cycles, reconnecting people with “first foods” and the responsibilities and stories connected to them.

Throughout 2025, the partnership conducted 27 traditional food programming activities, engaging multiple Indigenous knowledge keepers and reaching community members through diverse pathways such as Cultural Protocols and Ceremony, Nutrition and Traditional Foods Education, Land-Based Learning and Harvesting, Cooking Classes and Skill Building and Community Celebrations and Cultural Events.

**These efforts are essential to creating healthier Indigenous children, families and communities for generations to come.**





## Minomode-Zewin Nundge-Gehwin (Health way of eating) Food Insecurity Program

Minomode-Zewin Nundge-Gehwin focuses on delivering nutrient-dense foods that promote health and well-being with participants receiving a variety of healthy foods, including high-quality protein sources, traditional and fresh produce with each distribution.

In London alone, there were 5,970 separate food distributions across all programs, including Farm Boxes (funded through the City of London and Elgin Middlesex United Way), Harvest Bucks, Monday Food Hub (fresh produce from the London Food Coalition), Healthy Pantry (supported by United Way), emergency grocery cards, and the back to school snack and backpack program.

### ACROSS SOAHAC'S SITES:

- **Waterloo Wellington partnered with Mobile Farmers to provide fresh produce monthly for 30 families and delivered two hamper programs**
- **Windsor hosted monthly culture nights combining healthy meal planning with cultural teachings**
- **Chippewa and Newbury delivered consistent food programming, including the Good Food Box, Food Fridays, and community distribution initiatives**

Additional supports such as pop-up markets, grocery runs, and seasonal programs helped reduce barriers and expand access across neighbouring communities.

**Together, this work reflects a coordinated approach where food access, cultural connection, and community wellbeing are deeply interconnected.**



**SUPPORT ACROSS GENERATIONS:  
FOCUS ON CHILDREN, YOUTH & SENIORS**

## **Nshwaasnangong: Our Gathering Place**

Nshwaasnangong Child Care and Family Centre continues to be a gathering place for Indigenous children, families, and community in London. **Rooted in culture, language, and relationships, the centre currently supports up to 88 children in licensed care while also welcoming families into the Family Centre for connection, learning, and support.** Nshwaasnangong is a place where every member of the family is welcomed and supported across the life cycle, creating space for children, parents, caregivers, and extended family to gather, learn, and strengthen relationships with one another. Daily programming continues to be guided by Indigenous ways of knowing, with educators weaving language, seasonal teachings, and land-based learning into the rhythm of the centre.

Language revitalization remains an important part of the work happening within the centre. Knowledge keepers continue to support language learning with children and educators, helping to bring words, songs, and teachings into everyday moments of the program. Relationships with community partners also continue to grow, including time spent in circle with N'Amerind staff to strengthen programs alongside one another and explore ways Nshwaasnangong can continue supporting Indigenous families together in the city.

Through cultural programming, community partnerships, and the everyday care offered by educators and staff, Nshwaasnangong continues to grow as a place where Indigenous children and families can feel a strong sense of belonging. Guided by teachings that remind us of our interconnectedness to land, water, and community, the centre remains committed to nurturing children while supporting the wellbeing of the whole family circle.



## Building Intergenerational Connections With Culture, Outreach, and Support

In Waterloo Region, SOAHAC introduced a new program for people 55+, called Tea and Togetherness, designed to encourage informal social connections and build community. They also supported intergenerational family activities, including having a float in the Cambridge Christmas Parade, and running a Family Camp on Six Nations during March Break.

In the community, their partnership with the Region of Waterloo continues with Tiny Roots Strawberry Hearts (formerly known as the Indigenous Healthy Child Development Program) and their housing outreach team facilitated intakes for seven individuals to move from homelessness into transitional housing units in a good way.

At Chippewa site, there was a focus on supporting families through culturally grounded perinatal and early years care, with programming that created space for learning, connection, and cultural teachings. This included prenatal education, postpartum support, and family-centered programming that reflected Indigenous approaches to care and community. This work strengthened family engagement, increased access to early years support, and promoted healthy development for children and caregivers.

Programs such as Soup for Seniors and outreach supports ensured Elders remained connected to services, food, and community. This work reflected the importance of supporting Elders while recognizing their role as knowledge holders within the community.



The Windsor site planted a Community Garden in Spring 2025 with children and youth from the community, and also hosted a hide scraping session. In the summer, they hosted a summer barbeque and backpack giveaway to support kids going back to school, and in the winter, held a co-ed youth introductory sweat lodge with Harvey Manning and Joanne Jackson. This range of activities helped youth connect with SOAHAC and start to build connections with their community.

Across all of our sites, SOAHAC has continued to focus on youth programming, which included everything from craft nights and drop-in programming to cultural workshops and land-based learning, creating opportunities for connection, skill-building, and identity development. Programs such as medicine pouch making, beading, and seasonal workshops supported engagement through culturally relevant activities and helped support a sense of belonging overall wellbeing.





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