



Regent Park Community Health Centre

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**PARENTS FOR BETTER
BEGINNINGS**
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LANGUAGE LINES
Somali: (416) 203-4503
Mandarin, Cantonese and
Vietnamese: (416) 364-3210



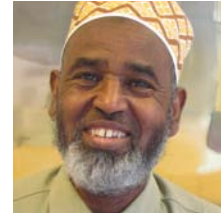
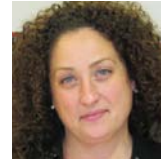
The RPCHC is a proud member of the Association of Ontario Health Centres



Funding for various RPCHC programs and services is provided by Toronto Central Local Health Integration Network (TCLHIN), Ontario Ministry of Children and Youth Services, Pathways Canada, and other funders. The views expressed in this report do not necessarily reflect those of the Toronto Central LHIN, Government of Ontario, Pathways Canada or any other funder.

Regent Park

Community Health Centre



RPCHC by the numbers 2012/2013

3,800

visits to the
Dental program

936

youth in Pathways
to Education

5,576

hours (that's 2.9 working
years!!!) of volunteer
work contributed
to Pathways

617

children and

94

youth seen by Parents
for Better Beginnings

21,432

visits by community
members to Parents
for Better Beginnings

20,090

clinical care visits
provided to

3,194

clients

435

new clients taken into
the Clinical practice

7,877

community health
visits provided to

905

clients

259

new clients seen
by our Community
Health team

1,313

individual client visits
with our Diabetes
Education Program

96

health promotion groups

575

sessions

8,830

participants

142

full and part time staff

RPCHC total
annual budget =

**\$12.9
million**

REGENT PARK COMMUNITY HEALTH CENTRE BOARD OF DIRECTORS 2012/2013

President:

Greg Webster

Vice-President:

Abukar Hagi

Treasurer:

Maureen Parry

Secretary:

Jane Darville*

Members:

Frances Cooper

Hugh O'Reilly

Ines Garcia

Jessica Lawlor

Lucy Troisi

Malcolm Moffat

Marcia Visser

Sharifa Ali

Tarak Ahmed

*Resigned

Report from the President of the Board & the Executive Director



Forty years of community responsiveness, commitment to excellence, integrated services, and a holistic approach to the social determinants of health

Regent Park Community Health Centre (RPCHC) was established in early 1973. For forty years and counting, RPCHC's focus has been on working with people and communities who face barriers to accessing health services. In our community, these barriers include poverty, not speaking English, cultural differences (ethno-cultural and socio-cultural), mental health issues, substance use, insurance status, and homelessness. These barriers make it harder for people to get the health services they need and to get the opportunities or resources to promote and maintain their health. Simply put, social inequalities contribute to health inequalities and less healthy populations. RPCHC serves to lessen the impact of these inequalities on individuals, communities and the health care system.

Our job is all about providing accessible and relevant community-based services and we achieve this in a variety of ways: designing our programs in consultation with the people who use them; taking time to explain treatment options and choices; supporting people in harm reduction; taking action on social determinants of health; integrating mental health with community health and physical health; ensuring that we are using language or cultural interpreters where needed; and talking about how public policy impacts health and wellbeing.

In the past year, RPCHC has worked hard to respond to the evolving needs of our local community. In addition to our ongoing programs like Pathways to Education, Parents for Better Beginnings and clinical and community health programs, we have:

- continued our WOW walk-in clinic for homeless/street-involved folks;
- promoted digital learning opportunities for Regent Park youth;
- assisted families with emergency child-minding;
- highlighted the negative impact on health arising from recent change to the Interim Federal Health Program;

- worked with community members to inform the Social Assistance Review;
- collaborated with other agencies in the My Regent Park project to expand our Hep C program to include post-treatment support, and, through CATCH ED, to increase access to primary health care for people with mental health needs;
- continued our work with the Committee for Accessible AIDS Treatment; and
- taken the lead role in the Mid-East Toronto Health Link.

We invite you to read the rest of this annual report for a fuller picture of our work.

Because RPCHC as an organization works as an integrated model, we are involved in many different sectors, particularly health, education, child development, and youth. As a result, we are privileged to participate in discussions about health care reform, social assistance reform, and children's services integration. Connecting systems, organizations and people in order to have a greater positive impact on the health of our clients and community is in keeping with our day-to-day work and with our strategic plan.

On behalf of the Board and staff at RPCHC, thank you... it has been a privilege for us to serve this organization and this community. On behalf of RPCHC Board and senior management, thank you to our funders – notably Toronto Central Local Health Integration Network, Pathways Canada, and the Ontario Ministry of Children and Youth Services. And thank you to the staff, volunteers and community members that work so hard to make a difference every day—you have made something amazing happen for forty years.

Greg Webster
President of the Board

Sheila Braidek
Executive Director

Clinical Programs

Providing medical, nursing and chiropody services within the Health Centre, home, with other community agencies, and through street outreach



Ric Atcheson

Finding Purpose and Contentment Through Volunteerism

– Ric Atcheson

I used to work as a metal fabricator but 13 years ago I had an accident that broke my neck. Now I have screws in my toes, arthritis and degenerating disks. I couldn't do that 9 to 5 hard work anymore, so I started drinking, self medicating as they say. About seven years ago, my doctors at the Health Centre said to me, "You're better than this Ric." Shortly after that I just decided to quit drinking, then I quit smoking too. I live a clean life now.

I'm on ODSP and can only work a few hours each day, so I have decided to spend my time volunteering. I just want to give back to the community instead of sitting at home watching TV. I volunteer at my church, I am a Minister of Welcome on Sundays, and I volunteer at a number of places in the community.

At the Health Centre, I'm active as a peer support person with the D (diabetes) Group. Part of that involves harm reduction. Sometimes people with diabetes are also using drugs and are not safe or they forget to take their insulin. I meet people with schizophrenia and they don't understand why they are having cyclical reactions to the diabetes, or if

it's the drugs for their mental illness, or both. We try to go around to the places where these clients are at, where they are comfortable. It's not always the safest situation but you just go in with a good attitude and usually no one bothers you. It seems to be working because people ask, "Are you coming back Ric?"

The staff at the Health Centre train us, the peer support group, about how to

interact with these clients. We have drug kits that we pass out and we educate them about where to safely dispose their needles.

I know I am making a difference. Sometimes when I do just the smallest thing for someone, like listening to their problems over coffee or saving a tube of Sensodyne for someone with sensitive teeth, you can see it changes

their day. They could have been thinking about something nasty, stinky thinking I call it, and then they smile or laugh and their attitude changes.

I have been a client of the Health Centre for 13 years and I like giving back to the community. I feel happy and comfortable doing it.

The Clinical Department provides ongoing primary care, chronic disease management, specialty clinical care, and chiropody services (foot care). The top issues addressed by our staff remain poverty, depression, diabetes, asthma & COPD (chronic obstructive pulmonary disease), hypertension, schizophrenia, Hep C, HIV/AIDS, anxiety, chronic pain, and substance use. Our multidisciplinary team includes nurses, nurse practitioners and a variety of visiting and consulting specialists including psychiatrists, a respiratory therapist, paediatricians, and others.

Remaining accessible to our community

Our specialty clinics are designed to meet the needs of populations who have access challenges. In the midst of the Centre-wide change to electronic records,* we continued to host the WOW (Wednesday One-stop Walk-in) clinic for homeless or street-involved folks, the Hep C program which was expanded to include a post-treatment group, our diabetes clinics, and the Youth Clinic which provides a dedicated space and time for young people to access health services and information that's important to them.

Meeting our preventative health goals

- 60% of female clients aged 18–64 received cervical cancer screening
- 26% of clients aged 50+ received colorectal cancer screening
- 86% of clients with diabetes received care from an interdisciplinary team



Partnering with internal and external partners to deliver client-centred health care

The Clinical team works closely with other RPCHC departments like Parents for Better Beginnings and Community Health to collaboratively deliver integrated programs and services like WOW, diabetes care, prenatal care, harm reduction services and others. We also partner with agencies outside of RPCHC to provide integrated services based on client needs. These types of partnerships include the Hep C program, Concurrent Disorders Support Services, inter-CHC transfers, and the asthma program.

In the 2012/2013 fiscal, we became a partner in the Concurrent Disorder Support Service that is designed to ensure people with both mental health and addictions issues get access to relevant services. We also partnered with South Riverdale CHC, St Michael's Hospital and Sound Times to deliver the CATCH ED program, providing primary care and mental health support to people with mental health problems who are frequent users at emergency departments.

*Over the past year RPCHC has been focused on moving from a paper-based client record to an electronic client record (ECR). This transition is very administrative intensive and involves learning how to do some things differently. The change to electronic records will ultimately help improve client service and care. Unfortunately, we have had to reduce the number of clients we could take in and the number of appointments that were available, and this transition will continue through 2013. We appreciate people's patience and understanding throughout this process. We have a deep commitment to protecting client information and privacy. If you would like information about the move to electronic client records and how that impacts your information, please ask your provider.

Community Health

Responding to the diverse and complex needs of our community



Abdullahi Ali and Ahmed Jama

Regent Park is our Home The Community Health Centre is our Family

– Interview with Abdullahi Ali and Ahmed Jama

Why did you leave Somalia and come to Canada?

Abdullahi: I came from Somalia to Kenya to Canada. I came because at that time, 1989, there was fighting in my country, a lot of people died.

Ahmed: I went to Kenya in the 90's. The fighting continued and I lost a lot of family so I came to Canada.

Did you know anything about Canada before you came?

Abdullahi: When I came to this country, it was January. I was not familiar with snow. I got into the airport, my clothes were African clothes. I looked outside and thought, "This is the most white sand I have seen!"

Ahmed: I only knew the drink Canada Dry...I thought Canada must be dry like Africa.

How has the Regent Park Community Health Centre impacted your lives?

Abdullahi: I got my citizenship and moved to Regent Park in 1993. For my first baby, my wife didn't have a health card; second baby, still no health card. The doctors and nurses helped not only with health care but with medicine I could not afford to pay. Now, all eight of my children know the doctors and nurses at the Health Centre like they are family. "You have to give back to help this community," I tell my children, "because this community helped us so much."

Ahmed: My brother was killed in the capital city in Somalia. It was tough emotionally...they helped me. Now I help at the Community Health Centre. I took courses to inform the African community about the risk of chronic illness. Food is very different in Canada. Back in our country you walk miles to the market—there is no TTC, no cooking oil, no KFC or Pizza Pizza. Now our community has transportation, food in the stores, TV with 100 channels. Diabetes and hypertension are a problem. The Centre helps to make sure our people know about healthy eating and other information related to health education. Now I help not only Somalis, but Vietnamese and Chinese people with help of an

interpreter. We know each other through this Centre. It is like a basketball court, you meet everyone here.

You are part of the Newcomer's Program for African Men, what advice do you give to these new Canadians?

Abdullahi: I advise connect to the East African community, but also integrate into this community, Regent Park, because they help each other. You learn English language for adults,

they help with housing and financial welfare. Whatever we need, we get it at the Community Health Centre. Whether you are East African, Bangladeshi, Arab—you can know only your mother tongue, and a translator will interpret for you what you want to express.

Ahmed: First thing, if they are young, I advise them to go to school. I tell everyone to stay healthy, be active.

I encourage the community people to use the services available to them at the Health Centre. Don't complain about snow, don't complain about the heat, appreciate Canada, it is a very beautiful country.

Abdullahi & Ahmed: We are grateful of the services we get here, God bless RPCHC. We are adapted now, we are Canadian!

The Community Health team's programs, services and community development work addresses many social determinants of health, with a focus on homelessness and housing, poverty, substance use, diabetes, mental health counselling, coping with chronic illness, developmental delay, depression, schizophrenia, and immigrants with language barriers. Highlights of the 2012/2013 year include:

Educating our community about diabetes

Peers contribute greatly to a wide range of diabetes education programs, including language specific drop-in groups, exercise at the YMCA and cooking groups. Last year, we trained seven peers to offer Diabetes Prevention Health Promotion groups in diverse, immigrant communities. We also established a mobile diabetes clinic with a Tamil-speaking physician.

Utilizing an innovative model to promote health and nutrition

Two staff members trained to run the Stanford Model Chronic Disease Self Management (CDSM) program. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. Sixteen participants from diverse ethno/cultural backgrounds graduated and said they felt supported and inspired by the group.

Increasing the support for homelessness and harm reduction

Many women sex trade workers are homeless, street involved and have addictions. We received several grants to work collaboratively with five community agencies to increase supports for this population. Part of this work involved hiring a coordinator to train peers to do outreach and education workshops on safety and violence prevention work.



Garnering feedback from our community and putting it to action

Forty-five community members participated in our Community Conversation Sessions regarding the Social Assistance Review and the Commissioner's change recommendations. The community gained understanding of the recommendations and gave us their priorities for social change.

Building resiliency with our high risk youth

As part of the My Regent Park project, the Resiliency Worker continued to participate in community events; facilitate resiliency circles, grief and loss workshops; host debriefing sessions after violent deaths of youth; and support individuals affected by violence. The project ended this year, after three years of work with youth at risk.

Last year, we facilitated 70 groups with a cumulative total of 13,805 participants. Topics included immigrant health promotion, diabetes education, homelessness and harm reduction, as well as a women's art group and peer-led groups.

Parents for Better Beginnings

Working with families
and community toward
great infant and child
health development



Dewa Mohammad with her son Azlaan

Motherhood in a New Country

– By Dewa Mohammad

When I was a young girl, my father was a professor at the university in Jalalabad. As life changed in Afghanistan, teachers and other groups became the target of the Taliban. When two professors were killed and dropped in the river, my father left the country and went to Pakistan. Then 9/11 happened and my family fled Afghanistan to join him.

My father continued on to Canada and, after four years apart, he was able to sponsor my mother, younger brothers and me. I was 18 years old and did not speak English. During the time of the Taliban girls did not go to school, so when I arrived in Toronto in 2005, I had only a grade four education. Since then, I have learned English, worked

part-time while completing my high school diploma, married, and gave birth to my beautiful baby boy, Azlaan.

At first, my husband and I lived with my parents here in Regent Park, but when the baby came, we needed to get an apartment of our own. The Health Centre has been a life saver for us.

When our application was denied, the Social Worker helped our family get affordable housing. And since my pregnancy, I have been involved with Parents for Better Beginnings. My childbirth was complicated and a Family Home Visitor came to the follow up appointments with me and continues with visits to my home to help me manage with regular daily activities.

My mom is sick and she cannot give me the support that most young mothers have. I have no experience. The weekly prenatal/postnatal class helps mothers like me with challenges like breastfeeding and putting the baby to sleep. It educates us about nutrition, how to massage the baby and normal child development. The Health Centre supports us and

gives us the space and the time to support each other.

Leaving my extended family in Afghanistan was one of the hardest things I have experienced, but I am happy to be in Canada, happy that my son will have a good education and the hope of a successful and a peaceful life.

Parents for Better Beginnings (PFBB) works to strengthen child development and parenting skills, reduce social isolation and offer resources that improve the resilience of families in the early years. Our work is grounded in community development and our process focuses on community engagement. Our 2012/2013 activities demonstrate this commitment.

Exploring areas outside the community

We hosted a field trip to Bronte Creek, providing an opportunity for community members to visit a new area of Southern Ontario (some residents have never even left Toronto). The day involved swimming, a BBQ and the children enjoyed the petting zoo. New relationships were made under the hot summer sun.

Strengthening bonds between residents, the community and police

Building Bridges is an annual event that we have co-hosted for over a decade. Youth from neighbourhoods across the city competed in a 3 on 3 basketball tournament. The relationships formed led to positive interactions in the community, youth and police were offered a fun and safe environment to build positive impression of one another, and neighbourhood barriers were dissolved while everyone got to know each other.

Highlighting the dads

Two Dads and Kids Fun Days provided an opportunity for dads to network with one another and for children to have alone time with their father. The special bond of the father/child relationship was explored and highlighted. Our staff are committed to finding more ways to make space and tailor programming to the multiple caregivers in a child's life. From the smiles on the children's faces, we know that these were special days.



Educating our community about housing

Sometimes our work leads to important advocacy initiatives. Staff from teams across RPCHC hosted a housing forum where residents heard expert advice on rights in accommodation. The questions raised illustrated some of the complex challenges that people face in substandard housing. While we are in a period of transition in the neighbourhood, continued individual advocacy is essential to support residents in obtaining their housing needs. We remain committed to advocating against systemic barriers.

Promoting healthy development

We continue to innovate by offering a variety of programs to support families' needs. This past year we initiated attachment-based programs to increase parental sensitivity to infant cues and strengthen the child's feelings of security. Through child-led play sessions, mothers and fathers were encouraged to observe their infant and allow them to initiate activities. Our parents became engaged through their child's lens on the world.

Our core programs continue to be full to capacity and offer fundamental community supports. Family home visits, school readiness, family resource programming, counselling, and parent-child support groups help our parents to help their children meet their full potential.

Providing a
comprehensive web
of supports for youth
to achieve in high
school...and beyond



Justin Vuong

Trying new things: learning more about myself and what I can achieve

– By Justin Vuong

My name is Justin Vuong, I just finished grade 10 at Central Technical School and for fun I like to read Manga and watch Anime—Japanese comics and cartoons. My mom and dad were born in Vietnam, so my little brother and I are first generation Canadian. We have been living in Regent Park for four years.

As a Pathways student, I get to participate in lots of really cool things that I would NEVER be exposed to otherwise, like the Google mentoring program. Last year we learned to use Sketchup, a 3D modelling software used for applications like video games

and architecture design. For our project we built a mock up of the layout of Regent Park and all its buildings. I've also done art projects and yoga in other mentoring groups. I don't think I would have ever thought to try yoga on my own but it was really

fun! Even the career stuff is interesting, like when we went to RBC and saw how the stock market works and what financial advisors do.

Earlier this summer, I went on a youth retreat with the Toronto Police. We spent three days and two nights on

MacDonald Lake, camping, canoeing and portaging—which is harder than it looks. And in July I learned to row and sail as part of a week-long camp program offered to Pathways students. I think the things I learn through mentoring, things like dedication and teamwork, will help me later on in life.

I still don't know what I want to be when I grow up, but Pathways exposes me to a variety of new things and I am sure they will be there to help me figure it out.

Pathways to Education continues to respond to one of the core social determinants of health, education. Aligned to and integrated with the Regent Park Community Health Centres' mission to improve the health of individuals and the Regent Park Community as a whole, Pathways continues to offer a holistic, results-based program to improve the opportunities of participating students. These are some of our greatest accomplishments from 2012/2013.

Investing in digital literacy to enhance learning

With a gift of \$100,000 from Google Canada, and office space at the Daniels Spectrum, we developed a Digital Hub for Pathways students. We also leveraged the Google gift to build a Digital Literacy Program as an enhancement and asset to our existing Tutoring and Mentoring programs. As a part of our move towards a digitized learning environment, we developed a Memorandum of Understanding agreement with the Urban Education Program at York University. The Tutoring program will be working with 45 teacher candidates per semester to facilitate the Digital Literacy Program and remedial literacy/numeracy programming.

Evolving our program delivery to increase the capacity of our students

In 2012/2013, Group Mentoring was redesigned to intentionally focus on teaching and instilling conflict resolution skills. Group Mentoring is the space where we build the emotional quotient (EQ) of students, i.e., develop their social skills, reduce isolation and build their emotional capacity. Last year we initiated the YOU CAN Peace Building Program which trained youth to positively resolve conflicts.



Expanding our supports to students with learning differences

Our Tutoring program worked closely with the Community Engaged Learning and Teaching program at Ryerson University to facilitate remedial math programming and support students that are experiencing difficulty with the current math curriculum. Nearly 160 Ryerson students attended the initial Pathways presentation at Ryerson and 130 Pathways students participated in the workshops.

Providing practical experiences

The Ritz Carlton has been a supporter of Pathways for many years and last year this support was converted into two eight-week modules that focused on learning about the hospitality industry, with an added bonus of learning dining etiquette and table conversation. The program was extremely popular.

We rely on over 150 volunteers to work with students in our programs. These volunteers come from all walks of life and spend a minimum of three hours per week with Pathways students and staff. We are deeply grateful to their ongoing support and commitment. We are also blessed with strong community-based relationships with Central Neighbourhood House, Dixon Hall, the Boys and Girls Club, the arts hub at Daniels Spectrum, three Toronto school boards, Pathways Canada and the multiple organizations that worked with us to build our capacity to support our students.

Financial, Administrative & Dental Services

Ensuring the fiscal and administrative health of the Health Centre and providing quality dental care to our community



Marcel Martin

Healthy Teeth and Healthy Living

– By Marcel Martin

When I came here from New Brunswick in 1959, I was a six-year old French Acadian kid that didn't speak a word of English. My mum was a single mother raising 14 children here in Regent Park. I had a tough upbringing and used to be a kind of bad guy myself. When I was 11, I was put in reform school, and that pretty much set the theme for many years to come.

I have been a client of the Health Centre for 25 years, way back when it was in a building on Belshaw. I grew up coming to the Regent Park dental office and I feel comfortable here because they treat you like family. Everybody smiles and jokes with you. Eventually, when my teeth rotted and were aching from years

of abuse (a poor diet when I was kid, then drugs and too many punches to the mouth when I was older), I asked the dentist to remove them. The Dental Clinic gave me a bridge for the top and bottom four front teeth. Now I can eat and enjoy life. If it wasn't for the Regent Park Health Centre doing this, I would not have these teeth today. I have healthy teeth and I live a

healthy life. I have been to more "high class" dentists, but I can honestly say, you don't get the service you get here.

The folks in the Dental Clinic are amazing and the whole Centre is run really well. I have seen the community and the Health Centre go through a lot of changes over the years and things just keep getting better.

The Health Centre's dental program provides care to patients who otherwise would have difficulty accessing services. We offer emergency and walk-in services, at reduced rates where possible, and we focus on serving homeless people who are living in shelters.

The main responsibility of the Finance and Administration team is to establish and maintain organization-wide systems and supports for all programs and services at the Health Centre. We provide human resources and administrative support; manage the computer network and other IT systems; collect and analyze data for reporting and program planning, decision making and evaluation; and we provide facilities-management to ensure our five locations are safe and well-maintained.

Our successes from 2012/2013 include:

Ensuring the financial and administrative health of the Health Centre

We met our financial performance indicators and targets under our agreements with the LHIN (Local Health Integration Network) and other 2012/2013 funders. Our annual external audit (an objective independent examination of our financial statements) ensured our accountability to these funders and the communities we served.



Improving the efficiency of our systems and delivery of our services

Last year, we transitioned to a new accounting software that is compliant with the financial reporting systems under the Ontario Health Reporting Standards (OHRS). Our team also took an active role in data management and information technology (IT) support during our recent transition to electronic medical records (EMR) and we provided human resources support, policy interpretation, benefit administration and staff recognition events for our 140+ employees.

At the Dental Clinic, we continue to work towards better serving our clients through reduced wait times, improved scheduling and our very successful placement program with George Brown College dental hygiene students. The Finance and Admin team had another successful year of creating and maintaining the infrastructure and systems needed to support all of the programs and services offered by the Health Centre.

Statement of Operations

Statement of Receipts and Expenditures Year Ended March 31, 2013

REGENT PARK COMMUNITY HEALTH CENTRE

RECEIPTS	2013	2012
Toronto Central Local Health Integration Network		
- Base	\$ 6,450,422	\$ 6,385,276
- Non-recurring	75,000	27,600
- CATCH-ED Project	43,598	-
	6,569,020	6,412,876
Ministry of Health and Long-Term Care Grants	464,304	464,305
	1,263,912	1,140,118
	8,297,236	8,017,299
EXPENDITURES	2013	2012
Salaries and Pay equity	4,630,779	4,611,821
Benefits	983,935	921,252
Relief	163,363	193,138
Operating expenses	2,015,691	1,771,831
Non-recurring expenditures	93,543	27,600
	7,887,311	7,525,642
EXCESS OF RECEIPTS OVER EXPENDITURES FOR THE YEAR	409,925	491,657
Less: Amount refundable to the Toronto Central Local Health Integration Network	(31,346)	-
Less: Amount refundable to the Ministry of Health and Long-Term Care	(4,846)	(12,213)
EXCESS OF RECEIPTS OVER EXPENDITURES BEFORE FUNDS TRANSFERRED	373,733	479,444
Less: Funds transferred to Restrictive Fund - capital to purchase property and equipment	(90,292)	(68,847)
EXCESS OF RECEIPTS OVER EXPENDITURES - RESTRICTED FOR SPECIAL PROJECTS FOR FUTURE USE	\$ 283,441	\$ 410,597

PARENTS FOR BETTER BEGINNINGS

RECEIPTS	2013	2012
Grants - Ministry of Children and Youth Services	\$ 823,845	\$ 823,845
Grants - Canada Peri-Natal Nutrition Fund	44,604	43,405
Grants - Ontario Early Years Centre	44,531	44,531
Donations	969	-
Miscellaneous Income	33,003	31,953
Interest Income	193	193
	947,145	943,927
EXPENDITURES	2013	2012
Salaries and Pay equity	635,105	616,013
Benefits	127,840	141,355
Program Operating expenses	191,775	162,406
	954,720	919,774
EXCESS OF (EXPENDITURES OVER RECEIPTS) RECEIPTS OVER EXPENDITURES BEFORE FUNDS TRANSFERRED	(7,575)	24,153
Less: Funds transferred to Restrictive Fund - Capital to purchase property and equipment	(8,006)	(24,153)
EXCESS OF EXPENDITURES OVER RECEIPTS AFTER FUNDS TRANSFERRED	\$ (15,581)	\$ -

THE PATHWAYS TO EDUCATION PROGRAM

RECEIPTS	2013				2012
	Scholarship Fund - Restricted by the Donors	Scholarship Fund - Restricted by the Board	General Operating Fund	Total	
Donations:					
Pathways to Education Canada	\$ -	-	3,418,000	3,418,000	3,924,000
Foundations	-	-	-	-	325
Corporations	-	-	-	-	10,000
Individuals	-	-	249	249	1,381
Other	-	-	34,018	34,018	2,185
Interest Income	-	37,539	9,606	47,145	45,222
	-	37,539	3,461,873	3,499,412	3,983,113
EXPENDITURES	2013				2012
Salaries	-	-	2,028,976	2,028,976	1,980,292
Benefits	-	-	410,820	410,820	425,338
Program Operating expenses	-	-	525,306	525,306	488,554
Student transportation (TTC Expenses) & School Supplies	-	-	487,437	487,437	506,650
Scholarship expenses	555,780	-	-	555,780	442,797
	555,780	-	3,452,539	4,008,319	3,843,631
Excess of (expenditures over receipts) receipts over expenditures before funds transferred	(555,780)	37,539	9,334	(508,907)	139,482
Less: Funds transferred to Restrictive Fund - capital to purchase property and equipment	-	-	(9,334)	(9,334)	(18,303)
Excess of (expenditures over receipts) revenues over expenses for the year	\$ (555,780)	\$ 37,539	\$ -	\$ (518,241)	\$ 121,179

Fiscal 2013 Financial Statements have been audited by Hennick Herman LLP. The above financial summary has been excerpted from the audited financial statements. To receive a copy of RPCHC's complete financial statements and accompanying notes, please contact **Kelly Kane** by email at kellyk@regentparkchc.org.

Regent Park Community Health Centre Staff 2012/2013

EXECUTIVE DIRECTOR

Sheila Braidek

CLINICAL

Julie Wolfe, Director

Cynthia Burke

Heather Culbert

Anne Egger

Miriam Garfinkle

Sharon Gazeley

Dan Ha

Laura Hanson

Teresa Hughes

Sarah Innis

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Lathwell

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Marty Thompson

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Client Satisfaction Survey Results 2012/2013

RPCHC Client Satisfaction Survey

- 91%** Said RPCHC programs & services were responsive to their needs
- 83%** Felt RPCHC programs & services helped improve client well-being
- 91%** Said involvement helped them feel more in control of their health
- 89%** Felt RPCHC had contributed to positive changes in the community
- 70%** Understood the process of lodging a complaint at RPCHC

Pathways™ Student Survey

- 85%** Felt Pathways helped them learn how to ask for help when they need it
- 82%** Said the program helped them get more involved in their community
- 85%** Said Pathways helped them stay in school

Men's Drop-In Program Evaluation

Designed to build community and access to services for homeless/vulnerable men

- 98%** Said they were able to meet or share information with others
- 93%** Felt informed or helped by their peers at the drop-in
- 95%** Felt informed of other services in RPCHC
- 85%** Felt informed of services in other agencies

Women's Drop-In Program Evaluation

Designed to provide a safe space for women engaged in sex work to get information and access to services (in partnership Street Health and WoodGreen)

- 78%** Felt informed of services in other agencies
- 43%** Used the services of the nurse at the drop-in
- 86%** Felt they had opportunities to discuss problems/issues
- 60%** Said they were able to make new friends through the drop-in

Our Mission and Vision

RPCHC Philosophy & Values

Regent Park Community Health Centre is a community-based organization which aims to improve the health of individuals and our community as a whole, with a focus on health equity and social justice. We strive for individual and community success: Everyone. Every Possibility. Together.

ACCESSIBILITY

We believe that responsive, culturally sensitive health care services should be accessible to all. We understand that access can be limited by financial, physical, cultural, and other systemic barriers. Through a blend of advocacy, partnerships, referrals, and our own direct services, we are committed to improving accessibility for everyone in our diverse and changing community.

COMMUNITY OWNERSHIP/RESPONSIVENESS

We believe that the most effective way to improve health is to have programs designed and run by the community affected. We continually work towards community participation and decision making in all aspects of the Health Centre's activities.

EXCELLENCE & INNOVATION

We are committed to providing excellent programs and services. We strive for constant improvement and innovation to improve ourselves, our services, our agency, and our community.

COMMUNITY SUCCESSION

We believe that everyone in our community should have opportunities to reach their full potential. Our goal is that the children of today can become tomorrow's leaders, professionals and workers serving Regent Park, Moss Park and beyond.

SELF-DETERMINATION

We are committed to working in ways that demonstrate and reflect the rights of individuals and communities to make decisions for themselves on matters that impact them.

EQUITY & SOCIAL JUSTICE

We are committed to providing services, spaces and staff that are sensitive to diverse individuals and their cultures. We understand that access to services and health itself is determined by a wide range of social factors, including income, employment, discrimination, education, social status, housing, access to services, environment, social supports, and other factors. Therefore to achieve better and more equitable health outcomes, we seek greater equity in social conditions for individuals and communities.

We approach this challenge from a social justice framework: we strive to understand, name and confront the systems of discrimination and power that result in unequal distribution of resources, power and privilege. In our quest for healthy and inclusive communities, we strive to reduce divisions and enhance cohesion between people from diverse backgrounds.

Thank You To Our Donors and Funders

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The Canadian Women's Foundation
Carpenters & Allied Workers Local 27
FRP Canada
Helen Lovekin
Joan Boswell
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