

Regent Park

Community Health Centre

RPCHC
ANNUAL REPORT
2013 | 2014



OUR MISSION AND VISION | Regent Park Community Health Centre 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.

REGENT PARK COMMUNITY HEALTH CENTRE BOARD OF DIRECTORS 2013/2014

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REPORT FROM THE PRESIDENT OF THE BOARD & THE EXECUTIVE DIRECTOR

REGENT PARK COMMUNITY HEALTH CENTRE (RPCHC) WAS ESTABLISHED IN 1973 TO MEET THE NEEDS OF THE PEOPLE LIVING IN AND AROUND THE REGENT PARK AREA WHO FACED ECONOMIC, CULTURAL, SOCIAL, OR LANGUAGE BARRIERS TO ACCESSING HEALTH SERVICES. ESTABLISHING RPCHC WAS AN EFFORT TO CHANGE THE SYSTEM TO BETTER RESPOND TO PEOPLE RATHER THAN HAVING PEOPLE ADJUST TO THE SYSTEM.



Greg Webster
President of the Board



Sheila Braidek
Executive Director

Today that principle of being focused on the client and the community first still means equity, access and a holistic view of the people we work with and what helps them be, get and stay healthy. This approach is still just as relevant today. Over the past year, our work in each of our strategic priorities reflects this ongoing commitment.

Our priority of **Advancing Health Equity** has resulted in an increase of active clients from 4,500 to over 5,100—this included a 5% increase in new primary care clients. We again provided influenza vaccinations, ran a perinatal program, provided counselling and housing supports, and continued our drop-in care for some targeted high-risk populations. Programs such as the Hepatitis C treatment program are designed to ensure our clients have equitable access to care and positive health outcomes. One indication of the success of the RPCHC model is the lower than expected need for emergency department visits by our clients.

The scope of RPCHC's work toward **Enhancing Wellbeing** is broad. We worked with a Kenyan women's group to help them develop a catering business; the Pathways to Education program supported 920 youth to graduate from high school; we held workshops on topics such as financial literacy, understanding the Canadian school system and children's nutrition; Parents For Better Beginnings worked with children and families to promote early childhood development; and we continued to support the Committee for Accessible AIDS Treatment (CAAT). We remain committed to using peers—people with lived experience—in our Diabetes Education Program, our outreach to sex workers, harm reduction outreach, and the Hepatitis C treatment program.

RPCHC has the privilege to work with and learn from the people of Regent Park and area. To advance our priority of **Advancing Learning & Innovation**, RPCHC uses innovative methods to

learn from our community and deliver relevant services in a client-focused manner. For example, we conducted assessments about the unique needs of sex workers and people using our harm reduction program, with the goal of improving their health outcomes and overall community health. We also surveyed our clients and students about their access to primary care services, satisfaction with the Pathways to Education program and the quality of the family home visiting program. Through Infant Mental Health Promotion (IMHP), we learned new skills such as enhancing infant mental health through education, information dissemination, networking, and advocacy. All of this helps us ensure our programs are high quality, relevant and accessible to those who need them the most.

RPCHC is also about **Building Community**. This work has been pursued this year through the Resident Engagement Task Force, supporting the community to access more affordable housing, connecting youth through Building Bridges, Resiliency in Action, and our community engagement in governance and programming throughout the Health Centre.

Finally, we continue to focus on **Strengthening our Organization**. RPCHC is the lead agency for the Mid-East Toronto Health Link, contributing to create a more client-focused coherent health system. We also partner with a range of agencies so we can provide more benefits for our broad range of clients and the community overall.

On behalf of the Board of Directors, we are all very pleased to acknowledge and celebrate the valuable work of all of RPCHC's programs, staff and volunteers over the past year. Our sincere thanks go out to our clients, community, funders, volunteers, and staff for your essential support and contributions over the year and beyond.



CLINICAL

PROVIDING ONGOING PRIMARY CARE, SPECIALTY CLINICAL CARE, CHRONIC DISEASE MANAGEMENT, AND CHIROPODY (FOOT CARE) SERVICES WITHIN THE HEALTH CENTRE, HOME, WITH OTHER COMMUNITY AGENCIES, AND THROUGH STREET OUTREACH

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. The multidisciplinary Clinical team is made up of nurses, nurse practitioners, doctors, chiropodists, a clinical assistant, and medical administrative staff. Together this team supports over 2,000 patients with issues from everyday complaints to complex medical crises. Our overall goal at all times is to provide excellent care and be there for our clients when they need us.

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

There are a number of programs at the Health Centre that demonstrate how we work as an interdisciplinary team to support clients with issues that are not necessarily medical, but certainly have an impact on health and wellbeing. We work with other RPCHC teams and community partners to offer an integrated Hep C program, a youth health clinic, multidisciplinary diabetes care, the WOW (Wednesday One-stop Walk-in) clinic for homeless or street-involved clients, and a prenatal program that collaborates with Toronto Public Health, midwives and the Parents for Better Beginnings team. The Committee for Accessible AIDS Treatment (CAAT) is housed within our clinic at the Health Centre. CAAT works provincially to improve access to care and treatment for immigrants and refugees living with HIV/AIDS.

Remaining committed to providing relevant programming

As we evaluate the growing needs of our clients, we remain committed to expanding some of our special programs and creating more partnerships with other service providers, including Sojourn House, SickKids Hospital and new opportunities that arise through our collaboration with Health Links.

Improving our efficiency

The new electronic client records (ECR) program has changed some of our practices and we are working to complete the change over from paper-based to electronic charts this year. In spite of having to adapt to a new system, the Clinical team managed to increase the number of primary care clients and provide high quality health care.



This past year we were fortunate to have a significant number of new staff join our team, including several medical and nurse/nurse practitioner students who trained with us. The feedback was unanimous—all of them enjoyed working with our diverse clientele and each person commented on how much they learned from being part of the Clinical team.



“ I would like my daughter to stay happy and healthy. And I would like my son to go to school and continue to prosper. ”

Supporting a family on her own

Interview with Hayat Yonis

Translation services by Mariam Ahmed

Hayat Yonis was born in Ethiopia but came to Canada via a Kenyan refugee camp. She arrived with her husband and two-year old son Ammar in January 2013. They moved to Regent Park to live with her husband's family and utilized the Health Centre's Clinical services to get support for Ammar, who was born with severe physical disabilities and developmental delays. In addition to providing his primary health care, the staff connected Ammar to SickKids and Holland Bloorview Children's Rehabilitation Hospital to help meet his special needs. When Hayat's husband left the family six months ago, living with her in-laws was no longer an option. At 26 she was pregnant with her second child, vulnerable and living in a foreign country.

You were still new to Canada; this must have been a frightening experience for you.

I was scared before, but now I am fine. A man I know in Ethiopia arranged for someone in Toronto to help me go to the shelter. Ammar and I have been living there for six months and my baby girl Safia was born just three weeks ago. At first when I left, I lost all connections with the community and I had fallen off with my son's care. I came back to the Health Centre for Ammar. The staff here reconnected us to Bloorview, provided me with prenatal health care and sent me to workshops with Parents for Better Beginnings. They even helped Ammar get a wheelchair because I could not hold my son all day long. Without the Regent Park Community Health Centre I would never get this kind of care.

Do you plan to stay in Canada?

When I see how my son is improving, I would never think of going somewhere else. He is mobile in his chair and he is becoming more independent. He is a very friendly child, he is learning English and everywhere we go, people stop to talk to him.

What is your hope for the future?

First of all, to get an apartment in Regent Park. I would like my daughter to stay happy and healthy. And I would like my son to go to school and continue to prosper.



COMMUNITY HEALTH

RESPONDING TO THE DIVERSE AND COMPLEX NEEDS OF OUR COMMUNITY

The Community Health team provides a wide range of services, programming and community development activities that focus on harm reduction, homelessness and housing, poverty, substance use, nutrition, chronic illness management, coping with mental illness, and outreach to underserved groups. The following are just some of the highlights of the 2013/2014 year.

Individualized support for vulnerable members of our community

Many of our clients face complex health and social issues that require one-on-one counselling and case management. The best outcomes are achieved by bringing together a range of expertise and supports to address each client's unique issues. One success story from last year is a client who was precariously housed or homeless for years, isolated, and seriously ill. After two years of working with her, she was reconnected with her estranged family and is living with them out of the city.



Providing support in group and peer-to-peer settings

The purpose of providing support in a group or peer-to-peer setting is to offer members of the community the opportunity to make contact with others in a similar situation and know that they are not alone. Some new activities last year include:

- The Diabetes Education Program facilitated a new mindfulness meditation group to help patients accept the limitations of their illness and focus on taking better care of themselves.
- We received a City of Toronto grant for the Harm Reduction Peer Group to create educational videos and conduct workshops.
- School education workshops were held for Somali, Tamil and Bengali parents to increase parents' understanding of the school system and how to best support young children.

Community development work that builds resiliency

We received a two-year grant from the Ontario Trillium Foundation to build capacity of youth and the community to deal with conflict. At the first year graduation, the participants spoke eloquently about the deep significance of working together to resolve conflict in a positive manner.

Research & evaluation that informs our programs

Street Health and RPCHC coordinated a cross-regional network comprised of women with sex work experience, health and social service providers, and law enforcement. A needs assessment survey focused on street based sex workers was completed to gain a better understanding of the issues these women face and to develop an action plan. Key results included: 68% have health issues, 41% do not have a doctor and 44% never disclose their sex work to their health care provider. The knowledge gained from this project was disseminated to health care providers and presented at the AOHC (Association of Ontario Health Centres) conference.

We are grateful to all of our staff and partner organizations that help us to do the work we do. We would like to congratulate our colleague Deany Peters who won the Sir James Woods Award for Community Development (St. Christopher House).



Adapting to life in Canada

By Bashir Hassan

At home I had a supermarket. It is common in Somalia that when you are a business owner you have to pay bribes to al-Shabaab militant group. But when they said to me that I must pay double the fee, I could not pay. I was in danger; they threatened me and that is why I left my country. I came to Canada to try to start a better life for my family, while my wife and three kids went to Kenya. We have been separated for one year and eight months now.

You know, I never decided Canada would be my home. All I said was that I wanted a good life and I paid \$10,000 for someone to help me leave Somalia; I feel I got lucky.

The hardest thing I went through since I left my country, besides being separated from my wife and small children, was 4-5 months without income and a job, but I feel the future is hopeful.

I have been accepted as a landed immigrant and I have a passport. The Health Centre helped me to get my travel documents, a driver's license and a job working in a warehouse. I will never forget the Regent Park Health Centre—ever. The first time I got sick in Canada, I went to doctor but they refused to see me. The doctor at the Health

“The Health Centre helped me to get my travel documents, a driver's licence and a job working in a warehouse. I will never forget the Regent Park Health Centre—ever.”

Centre gave me a full check up and helped me to get eyeglasses. I belong to the African's men's group, where they give us guidance about health, employment, housing, and understanding the culture in Canada. I come to talk to other men who have immigrated here and I make friends.

The people at the Health Centre help you get what you want and need. They give you ideas and the resources to help you succeed.

I am grateful to Canada for accepting me and to the Regent Park Health Centre because without them I would not be where I am. I want to work and bring my family here. I would like to train to be an electrician – it is my dream. My hope is to live peacefully.

The Community Health Team does not work in isolation. Many of the new immigrants we see are vulnerable clients with children, and have spent many years in refugee camps without good health services. We take a holistic approach to serving this population and rely on internal referrals to support their physical and emotional health.



PARENTS FOR BETTER BEGINNINGS

WORKING WITH CHILDREN, FAMILIES AND COMMUNITY TOWARD GREAT INFANT AND CHILD HEALTH DEVELOPMENT

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. This work starts when mom is pregnant and continues to when the child is age six. We help mom during her pregnancy, support parents throughout the child's early development and we work with the community to create a safe healthy environment for all children to learn and grow. Our 2013/2014 activities demonstrate this commitment.



Exploring new opportunities

Through workshops with SickKids Hospital, our staff completed Infant Mental Health Promotion (IMHP) training. As an early intervention framework (prenatal to 36 months), this training enhances our work with families by promoting healthy attachment relationships and providing parents and caregivers with resources that enable them to be optimally responsive to their infants and young children. This training has allowed us see the work that PFBB has been doing for over 20 years through a different lens.

Also new this year, we were able to create a day-time parent relief / emergency childcare program, we enhanced the pre- and postnatal programs by hiring a lactation consultant, and we offered a Mother-2-Mother Breastfeeding Support Group through La Leche League Canada.

Strengthening our programs and our position in the community

The staff at PFBB continued to provide excellent programming, including pre- and postnatal programs (in partnership with the Clinical department and Toronto Public Health), school readiness programming, family home visits, a child development clinic, our Family Resource Centre, child & family advocacy, early years social work, and community development. Some of this work was one-to-one with parents or children and some of it was in a group setting. We worked with similar groups across Ontario to help promote our programs to the Ministry of Education. And finally, PFBB continued to help our families deal with the impact of redevelopment.

Focusing on the future

Our goal is to continue to innovate in ways that prove relevant to our community. With the success of our IMHP training, we intend to weave our learnings about infant mental health into our existing PFBB programs; we will further support and implement fathering initiatives by increasing our focus on getting dads involved in their child's early development; and as changes occur within Ontario's early years sector, PFBB will provide prevention and early intervention leadership.



“The people at the Health Centre really care about their clients; I feel like they are our extended family.”

Support that feels like family

By Ruhina Tasmin

My husband and I came to Canada from Bangladesh when our daughter was in grade two. Both of our families are well educated, we had good status and financially we were very stable in our home country, but we wanted better opportunities for our daughter. I knew nothing about Canada, but I knew the education was recognized around the world.

The birth of my second child was a much different experience for me. In Bangladesh, there were so many helping hands with my first daughter that it seemed easy, but in Canada we are first generation and I had no one. I am now the mother of three kids.

It was during my third pregnancy that I learned about Parents for Better Beginnings. They held a prenatal workshop in the community to teach young mothers about what to expect during and after pregnancy; from there I become a client and they have supported me in many many ways ever since.

When my husband had to go back to Bangladesh due to a family emergency, it was really frightening for me. There was no one here to help with our three young children. I did counselling at the Health Centre and that gave me the strength and the stamina to carry on. At that time, my children were getting sick often and PFBB family home visits brought groceries, diapers and provided encouragement to

help me get over my sadness; I don't want to think about what it would have been like without that support.

PFBB has support for children's health as well. Both of my younger children require speech therapy. Before, I had to travel far in the city for them to get support, but now it is offered through PFBB in Regent Park.

There is also a drop-in program daycare program that families in the community can access when they don't have someone to watch the children or when they need relief.

Today, my four-year-old daughter is in PFBB's preschool readiness program; my 17-year-old daughter is in Pathways and on her way to university; and I continue to work with the resource educator so I can become the parent I want to be.

The people at the Health Centre really care about their clients; I feel like they are our extended family.



PATHWAYS TO EDUCATION™

PROVIDING A COMPREHENSIVE WEB OF SUPPORTS FOR YOUTH TO ACHIEVE IN HIGH SCHOOL...AND BEYOND

The Pathways to Education™ program focuses on one of the core social determinants of health, *education*. We provide tutoring, mentoring, financial supports, and advocacy for our program participants. And by augmenting these supports through partnerships with the larger school system, community organizations and the private sector, we are able to offer a holistic, results-based program that helps to improve opportunities for high school students living in Regent Park.

In 2013/14 Pathways worked with 920 youth. We are pleased to note that 71% of our participants graduated from high school!

We dealt with many challenges through the year, including the continued impact of redevelopment, some staffing reductions, and a variety of losses impacting both staff and students. Through it all, staff remain focused on supporting our youth to achieve the best possible outcomes. For most youth this means graduating from high school; for some, entering post-secondary studies; for others, it means staying in school; and for a portion of our youth, it means that they know that we will be there for them if they decide to come back to school. The following are some of our key accomplishments for 2013/2014:

Partnering to provide innovative solutions

We worked with University of Toronto's Engineering department to develop a computer database that helps us match volunteer skills with program needs. Now students know when a tutor is available who can help them with a specific subject or issue. This database won first prize at the U of T Engineering showcase.

Providing practical experiences

We ended the 2013 school year with a robust summer employment program that supported 11 internship partners and helped 50 students gain summer employment. We continue to work with community partners like the Regent Park Employment Services, Woodgreen

Community Services and St. Christopher House to help our students access employment opportunities. In the summer of 2014, we supported over 100 students in various employment readiness processes, including helping 44 youth apply for summer jobs.

Evaluating more than just numbers

Pathways partnered with the University of Toronto to develop a research study to 'go beyond the numbers' and understand how the program continues with very strong performances year after year. The research itself started in spring 2014.

Looking forward

In the coming year, Pathways Regent Park will need to be even more methodical, more responsive and more nimble:

We always aspire to improve and share our learnings. The U of T research project will require precise and comprehensive data collection from us.

Out of sight does not mean out of mind.

We will continue to support participants whose families have been temporarily relocated out of Regent Park due to redevelopment.

Regent Park is changing. The Pathways program was designed to support participants and a community who face economic barriers to education. To ensure that the program continues to be available to those who need it in the future, we will be reviewing our eligibility criteria and supports for youth who enrol in the program for 2015/16.



“The life you are about to experience over the next four years can be a bumpy one, so take advantage of every opportunity and work hard... that will make all the difference for you.”

Positive influences + the right opportunities + hard work = Success!

By Adil Mannan

When I first started Pathways in grade 9, I took a lot of things for granted; I didn't take school seriously and my attendance at Pathways tutoring was poor. The results were tragic—at the end of my first year I had failed four of my classes and had to attend summer school. This taught me a big lesson...I did not want to be part of this remedial crowd.

In grade 10 I tried a little harder and my marks improved slightly. It was at this time that I joined a fitness class led by my former principal Mr. Crossdale. Lots of things improved after this point—I started going to school on time, I was organized and I always greeted people politely; my attitude started to change for the better.

With each grade I improved a little more, until I went to a different school for grade 13—it was a fresh start. I decided to change everything about myself, from a new system of note taking, to how to differentiate between my priorities and my desires, to the way I communicate with other people. I developed the habit of approaching essay writing by dividing it into workable parts. All this hard work paid off...even in my most difficult subjects my marks were between 90-100%.

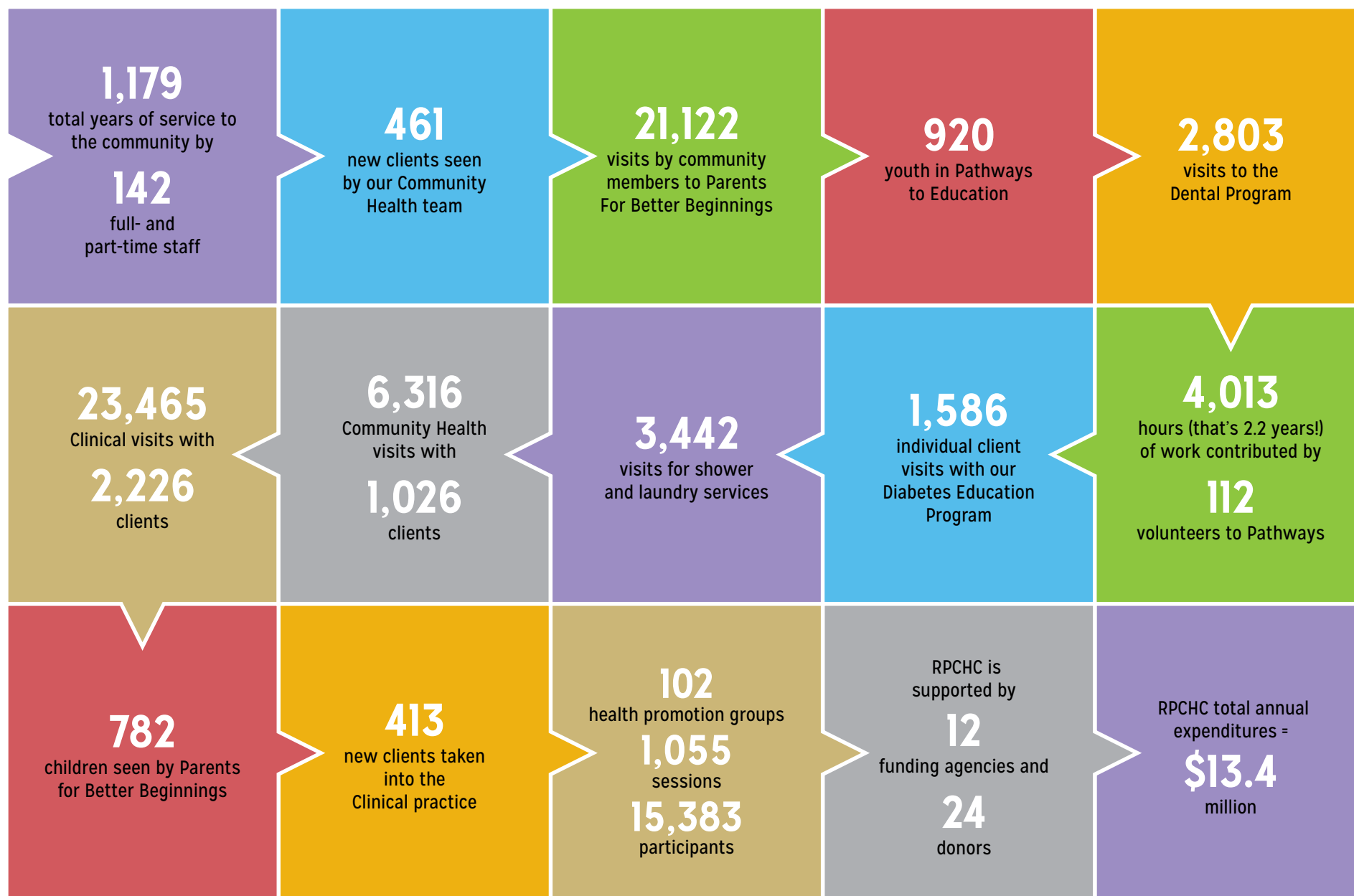
These changes came from many different influences: Mr. Crossdale, my religion, my parents, and Pathways.

The SPSWs (Student Parent Support Workers) at Pathways really care about us. Over the past four years they have guided me, connected me to new and exciting opportunities, and provided me with perspective and advice at times when I felt lost. I made the decision to use every resource available to me at Pathways—I went to tutoring every day, even the days I didn't have homework; I participated in the career mentoring program which connected me to different professionals and opened the door to the real working world; and I have applied to scholarships for university.

I have been accepted to Ryerson's Business Management Program. Recently IT has caught my eye, but teaching, especially younger kids that need a positive influence, also interests me.

Four years ago I was on a different path. If I could give advice to other kids just starting Pathways I would say, “The life you are about to experience over the next four years can be a bumpy one, so take advantage of every opportunity and work hard...that will make all the difference for you.”

RPCHC BY THE NUMBERS



OUR CLIENTS SAID...

91% were able to get the type of help they needed

95.7% said their health care provider always spent enough time with them

52% were able to see their health care provider on the same or next day the last time they were sick

97.8% said their health care provider explained treatment options and involved them in decisions about the best course of action

97% of participants in diabetes education program workshops said the information given was easy to understand

91% of participants in diabetes education program workshops plan to make changes to reduce their risk or manage their diabetes

These results are well above the provincial standards as described by Health Quality Ontario.



FINANCIAL, ADMINISTRATIVE & DENTAL SERVICES

ENSURING THE FISCAL AND ADMINISTRATIVE HEALTH OF RPCHC AND PROVIDING QUALITY DENTAL CARE TO OUR COMMUNITY

The Finance and Administration team is responsible for finance and accounting, human resources, computer and network technology (IT), management information systems (MIS), administrative support services, and facilities management at all sites. The dental program is also part of our team and consists of 2 part-time dentists a dental assistant and a dental receptionist.

Our overall role is to develop and maintain organizational systems and supports for all programs and services at the Regent Park Community Health Centre.

In 2013/2014, we managed over \$13 million in funding and ensured all financial performance targets were met under our agreement with the LHINs (Local Health Integration Network) and our other funders. A significant achievement in the past year was that we were able to enrol our staff in the Healthcare of Ontario Pension Plan (HOOPP).

We continued to make significant improvements in our financial reporting systems. We are now able to combine financial and client data under the Ontario Health Reporting Standards (OHR) to provide detailed and accurate costing of various services offered to our clients. This greatly improves our program planning, evaluation and decision making.

Our IT/MIS team has been actively involved in the Health Centre's transition to electronic client records (ECR). Our role is to manage the complex information needs of the Health Centre and maintain connectivity between all sites. We play a key role in ensuring timely and accurate data collection and reporting of client use of our programs and services.

Over the past year, we have reviewed and made many improvements in the area of risk management and privacy compliance. Staff received training on the Personal Health Information Protection Act (PHIPA) legislation to ensure confidentiality is maintained around client information in the new ECR system.



Dental Services

The health centre's dental program provided approximately 2,800 appointments last year to patients who otherwise would have difficulty accessing services. We offered emergency and walk-in services, at reduced rates where possible, and we focused on serving homeless people who are living in shelters.

In the past year, we revised our clinic guidelines and found ways to better manage our walk-in services and reduced wait times for appointments. We continued with our partnership with George Brown College to work with dental hygiene students on placement.



“As someone who has used the services, I can tell you that the staff is experienced, enthusiastic, very friendly, and empathetic.”

Low income families need affordable dental care

By Masudur Rahman Ahmed

My origin is Bangladesh. I came to Canada because I believed this would be a beautiful country to flourish and raise a family; I knew Canada would be a diverse society where we could develop ourselves and contribute to society.

Both of my sons were born here, but for many years our refugee claim was rejected and we were under threat of deportation. We struggled financially; I was on welfare or had minimum wage jobs and had no child tax benefit. It is very tough to maintain a family of four members when 80% of your salary is required to pay rent.

Eventually I improved my situation. I got a job and landed immigrant status. When we moved to Regent Park in 2001, the affordable housing gave me the financial boost that I needed and the Regent Park Community Health Centre took care of my family's physical health, including our dental needs. For low income families, that is so important. Many would not be able to afford to go to the dentist if it were not for the Health Centre. As someone who has used the services, I can tell you that the staff is experienced, enthusiastic, very friendly, and empathetic. They make a difficult experience pleasing.

Dental care is important for all kinds of health concerns. It is for this reason that I have taken the lessons I have learned from the dentists and assistants here and brought them back to rural areas in my home of Bangladesh. The Health Centre has even provided me with toothbrushes and toothpaste to provide to the communities. I teach the children proper oral hygiene to help stop problems before they develop. This is much less painful and less expensive than treating conditions that have been allowed to progress.

The Dental Clinic at RPCHC cares for its patients. Other clinics I have been to charge a lot, but give little service. Here, the service is better and they charge little. That is the difference between this Health Centre and other dental care clinics in the city.

STATEMENT OF OPERATIONS

Statement of Receipts and Expenditures
Year Ended March 31, 2014

REGENT PARK COMMUNITY HEALTH CENTRE

ASSETS	2014	2013
CURRENT		
Cash and equivalents - restricted	\$1,156,030	\$1,184,008
Cash and equivalents - unrestricted	734,916	717,583
Amounts receivable	226,186	241,124
	2,117,132	2,142,715
Property and equipment	3,160,141	3,377,727
Cash and cash equivalents - unrestricted for future use	1,399,650	1,289,002
Cash and cash equivalents - restricted for future use	131,592	130,061
Term deposits - restricted for future use	1,650,000	2,300,117
	\$8,458,515	\$9,239,622
LIABILITIES AND FUND BALANCES		
CURRENT		
Accounts payable and accrued charges	\$107,042	\$162,397
Due to Toronto Central Local Health Integration Network	-	31,668
Due to Ministry of Health and Long-Term Care (Diabetes)	31,346	17,059
Due to the Ministry of Children and Youth Services	9	9
Deferred revenue	43,925	64,752
	182,322	275,885
NET ASSETS		
Restrictive funds - Capital - Regent Park Community Health Centre (core operations)	3,160,141	3,377,727
Project funds - Regent Park Community Health Centre (core operations)	1,866,186	1,748,637
General operating fund - Pathways to Education	726,671	726,671
Scholarship fund - Restricted by donors - Pathways to Education	605,269	1,144,612
Scholarship fund - Restricted by the Board - Pathways to Education	1,807,888	1,776,425
Restricted fund - Donations - Parents For Better Beginnings	110,038	189,665
	8,276,193	8,963,737
	\$8,458,515	\$9,239,622

**REGENT PARK
COMMUNITY
HEALTH CENTRE**

Fiscal 2014 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.

RECEIPTS	2014	2013
Toronto Central Local Health Integration Network		
- Base	\$6,386,414	\$6,450,422
- Non-recurring	113,200	75,000
Ministry of Health and Long-Term Care	464,304	464,304
Other grants	1,558,383	1,429,648
Ministry of Community and Youth Services	823,845	823,845
Donations	86,185	35,236
Pathways to Education Canada	3,258,000	3,418,000
Interest income	40,004	47,338
	12,730,335	12,743,793
EXPENDITURES		
Salaries	7,820,746	7,458,223
Benefits	1,574,026	1,522,595
Operating expenses	2,594,302	2,732,772
Student transportation (TTC Expenses) & school supplies	524,388	487,437
Scholarship expenses	539,343	555,780
Non-recurring expenditures	64,098	93,543
Amortization	300,976	299,766
	13,417,879	13,150,116
EXCESS OF EXPENDITURES OVER RECEIPTS FOR THE YEAR	(687,544)	(406,323)
Add: Funds from prior year net assets	687,544	406,323
Less: Amount refundable to the Toronto Central Local Health Integration Network	0	-31,346
Less: Amount refundable to the Ministry of Health and Long-Term Care	0	-4,846
EXCESS OF EXPENDITURES OVER RECEIPTS	0	36,192

REGENT PARK COMMUNITY HEALTH CENTRE STAFF

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Veronica Van Dam, Director
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Miriam Garfinkle
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Parvein Sorabji
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Leticia Dumlao
Janienne Foenander
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Monica Sullivan
Kim Truong

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Gregory Bell
John Chapman
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Nancy Marr
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Asma Mohamed
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Nayana Somiah
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MID-EAST HEALTH LINK

Robin Griller, Director
John Yip*

PROPERTY MANAGEMENT

George Borges
Roberto Sanchez

*Left employment at
RPCHC during the year



IN MEMORIAM *Cynthia Burke*

Cynthia began working at RPCHC in September 1990. Throughout her 24 years of service, Cynthia was a compassionate nurse, caregiver, prenatal teacher, mentor, and champion of the people of Regent Park. She was also a skilled and trusted colleague, loving mother, and dear, dear friend.

Cynthia passed away from cancer on June 22, 2014. She is deeply missed.

"You gave me the courage to be the parent I am"

- from the book of condolences for Cynthia Burke, 2014.

UPDATE ON THE REDEVELOPMENT OF REGENT PARK



Is redevelopment successful? How is redevelopment going? Is the community healthier?...Well it depends. If you are the developer or the City, it seems to be generally on time and on budget, and it is happening. So that's good. If you are a resident in one of the new buildings, benefitting from more services coming into the community, it is also generally good. But if you are a resident, who just received notice to move out, and you don't speak English, and you have to move your family during the school year, it's not so good. And in the end, will the redeveloped community be stronger and healthier? Well, we won't know that for another 15 years or so.

IN PHASES 1 AND 2:

- 917 social housing units were demolished.
- A total of 770 units have been replaced in Regent Park and another 300 have been completed off the Regent Park 'footprint' in South East Toronto.
- 352 new units are still to come to Regent Park by 2016/17.
- Construction of the neighbourhood park "Regent Park" is scheduled to be completed in summer 2014.
- Construction of the new community centre began.

In the past year, the City reviewed the progress on redevelopment to date; the plan for the rest of redevelopment has been changed and approved by City Council. While many of the changes were minor, a couple stand out:

- More condos and market apartments will be built, and this means more people. The population balance will shift from about 30% people living in social housing to 25%. This is a change from what the community was originally led to believe and is a point of frustration and concern for many.
- Instead of many smaller parks, there will be bigger athletic grounds at the corner of River and Shuter.
- There have been adjustments made to the height of various buildings that will be built along Parliament and Gerrard.

PHASE 3 has started and involves demolishing 654 units between May 2014 and fall of 2015. Leading up to Phase 3, residents again expressed concern about having to leave the community, about not having adequate support to find and become established in new communities, and concern that their voices are not being heard through the redevelopment process.

RPCHC continues to work with local residents on an individual basis and with the local community as a whole to support them through the process of redevelopment.

THANK YOU TO OUR DONORS AND FUNDERS

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