

# Regent Park

Community Health Centre



## 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.**

#### REGENT PARK COMMUNITY HEALTH CENTRE BOARD OF DIRECTORS 2014/2015

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#### 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.

## REPORT FROM THE PRESIDENT OF THE BOARD & THE EXECUTIVE DIRECTOR

We are pleased to present the Annual Report for 2014 - 2015. This report summarizes the work and programs that Regent Park Community Health Centre has pursued over the past year on behalf of the individuals and communities with whom we work.

Of special note is the continued success of the Regent Park CHC, and its many programs, to partially mitigate the effects of poverty on community members by providing local and relevant services to vulnerable populations. Highlights of our accomplishments include:

- > 100 families who accessed the Child Development Clinic have a care plan
- > Introducing physiotherapy services
- > Working with Charlie's Free Wheels to promote safe cycling for youth in Toronto
- > Pathways participants tutoring kids in grades 3 to 8
- > Engaging youth in delivering 78 restorative/conflict resolution circles with 376 people
- > Increasing the number of people accessing primary health care services by more than 10% over last year
- > Contributing to policy discussions on health care reform, affordable housing and others

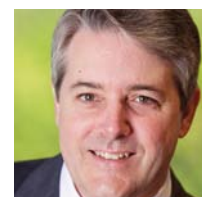
In preparing this report, we asked staff from across the organization to reflect on how their expertise and resources intersects with the experience and resources of our clients and communities. As you read through the overview of the work undertaken and the reflections of staff, you will hear several themes repeated. These themes include engaging with clients and communities to support community-based health and care delivery; learning and listening; building on the capacity of the people in our community; and sharing information and opportunities.

We believe that the work of a community health centre is a “both/and....” proposition. As we do our work, we need to bring our expertise and humility; we need to bring our knowledge and ask more questions; we need to bring our best practice and be open to evolving our way of working; we need to respond to immediate needs and support building capacity for the future; we need to work with individuals and with whole communities; we need to respond to individual experience and understand the broader social context.

Over the past year we have increased the number of people seen for primary health care services, continued to address the health and social impacts of poverty, and helped to build connections between—and capacity within—a variety of communities. We've introduced integrated physiotherapy services targeting both rehab and prevention. We have continued ongoing programs like School Readiness and undertaken new initiatives like the community project in Moss Park.

As you read this report, we believe you will hear—in addition to the themes mentioned earlier—how our goals of advancing health equity, promoting wellness, building community, innovation and learning, and building a strong organization have been advanced. It continues to be our privilege to serve the diverse and dynamic communities in and around Regent Park and as we celebrate the past year, we look forward to the future.

Finally, we would like to thank our funders and donors for their generous support; our clients and community for their trust and partnership; and our staff and volunteers for their terrific effort and commitment.



**Greg Webster**  
*President of the Board*



**Sheila Braidek**  
*Executive Director*



Providing ongoing primary care, specialty clinic care, chronic disease management, physiotherapy, and chiropody services at the Health Centre, in home, with other community agencies, and through street outreach.

Our overall goal at all times is to provide excellent care and be there for our clients when they need us. The top issues our clients face are poverty, depression, diabetes, asthma, COPD (chronic obstructive pulmonary disorder), hypertension, schizophrenia, Hepatitis C, HIV/AIDS, anxiety, chronic pain, and substance use. The Clinical Team is made up of nurses, nurse practitioners, doctors, chiropodists (foot care), a physiotherapist, clinical assistant, and administrative staff. Together this team—with others at RPCHC and elsewhere—works in an interdisciplinary way to support patients with everything from everyday complaints to complex medical crises.

### Advancing Health Equity

Our goal last fiscal was to increase access to primary care by increasing efficiencies and decreasing barriers to access. We applied some straight forward activities that proved successful, including, but not limited to:

- > A weekly review to identify the most urgent and vulnerable cases and which providers had capacity to absorb new clients;
- > A more collaborative approach to on-boarding clients (many of whom came with significant health and psycho-social issues), resulting in a smoother client/provider experience;
- > A review of clients who had not been seen in the last two years to help decrease the number lost to attrition;
- > The launch of a hypertension clinic by one of our RNs to provide regular follow up and education and decrease the number of times clients needed to be seen by their primary care physician;
- > A review of the Hepatitis (Hep) C program and its efficiency; a new medication has become available, significantly simplifying and shortening the treatment protocol, allowing many more clients to benefit; and
- > Connecting a nurse or nurse practitioner with the drop-in programs on the ground floor so any clients with clinical needs have easy access to a health care provider.

We surpassed our goal of engaging 241 new clients and we eliminated the long waiting list that had built up over several years. At the end of the year we had an increase of 265 new primary care clients.



### Enhancing Wellbeing

In January 2015, a new initiative was approved by the LHIN (Local Integration Health Network) to bring physiotherapy back into the community. We were fortunate to get funding for one full-time position and a significant refurbishment of an office took place to ensure an appropriate space would be available for client care.

### Advancing Learning and Innovation

The Clinical Team has been actively engaged with Mid-East Toronto Health Links to help the development of coordinated care plans for clients with mental health and addiction issues. We also engaged with the Hospital for Sick Children on the longitudinal research project, *TARGet Kids!*, which follows kids from birth till their 6th birthday, assessing their developmental milestones as well as vitamin and iron deficiencies.

### Building Community

This year we successfully forged a partnership with Sojourn House, the largest refugee shelter in Toronto. A memorandum of understanding has been signed and one of our clinical providers has started working there on a weekly basis providing clinical care to refugees, many of whom have very recently arrived in Canada.



As part of a focus on quality of care, RPCHC does a variety of activity including screening for cancers, promoting flu shots and periodic health exams. We have been successful in meeting or exceeding our targets in each of these areas.

**51.6%**

actual vs. 40% target  
for colorectal cancer  
screening

**22.5%**

actual vs. 15% target  
for influenza  
vaccination delivery

**63.5%**

actual vs. 36% target  
for breast cancer  
screening

**58.3%**

actual vs. 36% target  
for periodic health  
exams



## The Clinical Team Perspective



The people we see come from all walks of life. We treat the homeless population that utilizes the ground floor services; people with serious mental illness and/or addictions; seniors with complex medical needs who are also socially isolated; new and long-standing families living in Regent Park; youth ages 14-25 seeking confidential health services; people with brain injuries, development delays and low literacy levels; refugees and non-status new immigrants; and individuals with chronic illnesses including asthma, Hepatitis C and HIV. Our programs address their medical needs, as well as the social, economic, cultural, and environmental factors that impact on their health and wellbeing.

An example of how we approach health in this holistic manner is an individual who is infected with Hepatitis C, a virus that attacks the liver, and who might be excluded from treatment elsewhere because she is actively using substances. She might have a history of street involvement, not have access to primary health care, is marginally housed, and has been stigmatized over a long period of time.

She decides to take part in our Hepatitis (Hep) C program, a multidisciplinary partnership with South Riverdale CHC,

Sherbourne Health Centre and Toronto East General Hospital. Because treatment has a number of side effects that can be difficult to endure, the Hep C program includes a weekly group to provide information, harm reduction education, social support, and preparation for the demanding treatment cycle. She receives her weekly treatment during group and our Clinical Team is on site each week to meet with her on an individual basis if she needs it. External specialists in infectious disease and psychiatry visit the Health Centre on a monthly basis to see clients during group time.

While the most obvious measure of her success is becoming virus-free, often participants in the program experience other triumphs as well, such as stable housing and increased social interactions. She might receive employment training and be hired as a peer leader, meeting with other clients at various stages of treatment for Hepatitis C. She could participate in a patient advisory board to help the development, implementation, and evaluation of the program, or even co-facilitate group activities. The client-centred model of care provided at the Health Centre has alleviated her distrust of health care providers and she is taking advantage of other clinical services and health promotion programs available at RPCHC.

The case above demonstrates how we are effective in addressing the social determinants of health, rather than just primary health care in a box. What really sets us apart at the Regent Park Community Health Centre is our ability to go beyond the traditional model/view of health care providers. We get to be innovative, apply our personal abilities and talents, and in turn, connect to our clients on a different level. We are building bridges, building capacity and building relationships.



### 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 health issues, and outreach to underserved groups.



#### Building Community

As the Regent Park revitalization continues, many residents are being relocated to unfamiliar neighbourhoods. Last year, the Redevelopment Support Worker pilot project, in partnership with Toronto Community Housing (TCH), helped many residents with complex health, mental health and social concerns choose housing units and adjust to new neighbourhoods.

As part of *Resiliency in Action*—a community engagement project designed to strengthen Regent Park's capacity to respond to adverse events—our youth leaders collaborated in over 50 circles with over 230 participants in schools and in the community. They also participated in an inter-generational dialogue with 22 elders.

In cooperation with gardeners, we were able to raise funds and supplies to rebuild the community gardens beside St. Bartholomew's Church. This has helped to increase pride and ownership in the community during a time of disruption due to redevelopment.

#### Advancing Learning and Innovation

In collaboration with Street Health, we developed a series of videos on harm reduction to use as tools in discussion with high risk communities and for education with health care providers and others. The videos address such topics as harm reduction and housing, diabetes management, and sex work and safety. The launches were very well attended and panel discussions actively engaged the audience in dynamic discussions.

We also facilitated workshops on youth and housing to increase community understanding of housing rights and access. This was done in partnership with the Centre for Equality Rights in Accommodation (CERA)—a not-for-profit charitable organization dedicated to preventing evictions and ending housing discrimination across Ontario.

#### Advancing Health Equity

Breaking down barriers to accessing primary health care and promoting health is at the core of what we do. One such barrier for clients who access our ground floor programs and services (mostly homeless or marginally housed clients and our drop-in programs), is health care navigation issues. We completed a needs assessment with 100 clients. Recommendations from the assessment included the need for more mental health and addictions/harm reduction support, need for more programs related to addictions and employment, programming later in the day, improved signage, and more access to drop-in primary health care services. These and the rest of the recommendations will inform future planning.

Another barrier is health provider/client relationship and sensitivity. Much of the violence that sex workers experience is perpetrated by institutions and helping professionals and can interfere with their primary health care. This training focused on clarifying assumptions and myths about the sex trade, the criminalization of sex work and the effect on sex workers, and guidelines for working effectively with individuals involved in the sex trade.

Through our partnership with Street Health, we worked to support peers in providing

## **cultural competence training to 60 Health Care Providers**



## **The Community Health Team Perspective**



In keeping with the Health Centre's approach, our team works to help people deal with some of the social and nutritional issues impacting their health and helps the community wrestle with some of the bigger root causes of poor health. We are providing support and advocacy during the revitalization, ensuring that the residents of Regent Park have a voice and continue to feel a sense of belonging. We collaborate with government, other community-based organizations and businesses to support Ontario's poverty reduction strategy. Our social workers provide counselling to help people deal with a range of concerns including housing, immigration, illness, abuse, and more. And we do community development, outreach and education to connect with and build the capacity of our clients. Our work focuses on the issues impacting our community including diabetes, community safety, redevelopment, housing, and others.

The goal of our health promotion programs is to provide clients with the tools they need to help manage and improve their health. Uncontrolled diabetes for example can lead to a host of complications, including heart disease, vision loss, kidney disease, nerve damage leading to amputation, extreme fatigue, and gum disease. RPCHC's Diabetes Education Program helps adults living with or at high risk of Type 2 diabetes to prevent or manage their condition.

One very positive outcome of our community development approach to programming is that some of our clients feel empowered by their own progress and become peer leaders

in the community. The gentlemen who started our men's diabetes group are an example of this type of transformation. Each faced their own challenges that were impeding their ability to do self care; underemployment, no family or social support, issues with residency status, other health conditions and more. Because of the support provided by the Health Centre, they were able to make progress and become free of the awful symptoms of their diabetes. Now, as a team, they do outreach to other men in the Regent Park community and have even started a men's cooking group where they use fresh ingredients from the community gardens to create their own recipes. The group is so successful that they were asked to present to the Canadian Diabetes Association.

The success of the men's diabetes group extends beyond the management of a chronic disease. The group setting promotes positive mental health and well-being because it is a social outlet and support for men in our community, many of who are older and feel isolated. This program is changing traditional family roles; home life is better when husband is able to participate in meal preparation. The use of the community garden for fresh produce addresses food security issues and supports our poverty reduction strategy.

The Community Health Team strives to create spaces for people to tap into their own resources, overcome enormous challenges and in turn become leaders. The benefits of this model of programming goes beyond the individual, it affects the whole community.





## Working with 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. Our work is grounded in community development and our process focuses on community engagement. We help mom during her pregnancy, support parents throughout the child's early development and we work with the community, and other agencies that service the community, to create a safe healthy environment for all children to learn and grow. Our 2014/2015 activities demonstrate this commitment.

### Advancing Health Equity

Our goals are to provide effective, high quality and appropriate services targeted at populations who face barriers to health and to improve our clients' access to internal RPCHC services. To achieve this, we changed our service model at the child development clinic to provide a proper orientation and ensure supports are in place for families. We are happy to report that 100 families who accessed the clinic have a care plan. We also worked with the Clinical Team to ensure that 100% of referrals by PFBB are given priority, resulting in no internal waiting list for our clients referred to the Health Centre.

### Enhancing Wellbeing

The primary factors that shape the health of our client families are the living conditions they experience, also known as the social determinants of health. These include (but are not limited to)

job security, income, education, early childhood development, housing, food insecurity, social exclusion, race, and disability.

One of the ways PFBB's early years programs have responded to these factors is by following Ontario's ELECT framework (Early Learning for Every Child Today), an approach for early childhood settings and child development programs. It is based on providing a first "tier" foundation for early child development, as important as the elementary, secondary and post-secondary school system, and that this system is responsive, accessible and increasingly integrated into early years programs and services and linked to the Ontario Early Years Policy Framework.

### Advancing Learning and Innovation

PFBB continues to explore unique opportunities to respond to the needs of our clients and community. In fiscal 2015 we:

- > Launched and implemented the Building Baby's Brain partnership with the Children's Book Bank and the Clinical Team to promote early literacy in families with children 0-4 years old;
- > Developed activities and programs to increase father engagement, including a conference, committee and the PFBB Father's Engagement Action Plan;
- > Developed an Infant Mental Health strategy;
- > Increased resources for families with special needs children.

PFBB provides team training opportunities, coaching and communications enhancement activities in order to increase staff capacity and improve our programs and services. We continue to strengthen our organization through our collaborations with over 30 partners in planning, enhancing and implementing programs and family/community events.





Here are some of the ways PFBB has lent a helping hand:

**78%**

of parents/  
caregivers  
increased  
parenting skills

**87%**

of children improved  
development,  
particularly social  
and language skills

**94%**

of parents/caregivers  
attended multiple  
PFBB programs  
and services

**95%**

increased information  
on community  
resources available  
to parents

**98%**

of mothers-to-be increased  
their knowledge about health,  
pregnancy, nutrition, bonding  
with infants, and self-care



## The PFBB Team Perspective

There is no single type of person that we serve. Our clients include the single man with three kids, the new immigrant that has been in Canada for two days, young moms encouraged by CAS to take part in our pre- or post natal programs, families with special needs children, multi-generational families that see PFBB as the place to find assistance, or any pregnant or parenting families with children under the age of six. Our job is to build family strength by building their capacity and confidence.

Our team works together to respond to the needs and interests of the people we are working with. While our clients' main interaction might be with one aspect of our program, no team works in isolation. When there is an issue or a challenge with one of our clients, we will sit down with them and determine a strategy for moving forward. The team brings a range of skills, ideas and programs to support each client.

An example of this is how we would work with a single mother who is new to Canada and in the initial stages of her refugee claim process. She may attend our prenatal program and become connected to a family home visitor (FHV) to help reduce isolation and develop skills and knowledge to care for her newborn. In collaboration with the FHV, and after a thorough assessment with the Early Years Social Worker (EYSW), the client may access counselling services to help cope with a history of trauma and depression.

After developing trust and confidence in PFBB, she may come to us when experiencing crisis and hardship, such as becoming involved with the child welfare and/or criminal justice system. Because of her complicated status and current legal situation, she would consult with our Community



Development Worker who would ensure that her legal rights are upheld and she gets the representation that she needs in court. A Child & Family Advocate can inform her of her parental rights and responsibilities, educate her about CAS and other resources that are there to support her family, and work with her to increase her capacity to make the right choices. She could attend various parenting groups we offer that emphasize attachment, responsiveness and sensitivity to enhance both child development and the parent-child relationship. The family no longer feels completely alone during a stressful time in their lives.

And this is just one example of our unique multi-service approach.

The effects are widespread. Families are realizing how connecting with PFBB contributed to their own transformation and they are not only referring their friends and neighbours to our programs, but they also feel empowered to help build capacity for other families in their community. This is the most amazing thing about the work we do.



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

The Pathways to Education™ program (Pathways) 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.

### Academic Support including Promoting Digital Literacy

Pathways provides participating youth with space, support and resources to build their academic skills. This year, volunteer tutors contributed over 1.6 years of time working with youth.

Digital literacy is the ability to find, understand, evaluate, analyze, and use information via digital technology. Because the computer is integral to our social interactions, education, culture, and global business, and because digital technology is constantly evolving, digital literacy is an important lifelong pursuit.

Last year, Pathways developed and introduced two new programs specific to digital literacy:

In November, 46 students participated in the first *Hour of Code* (2 sessions) in partnership with Microsoft and Dell. The *Hour of Code* is a one-hour introduction to computer science designed to demystify code. It is organized by Code.org, a non-profit organization dedicated to expanding participation in computer science by making it available in more schools, and by increasing participation by women and underrepresented/under-resourced students.

Microsoft also provided a workshop on digital citizenship to 16 students. Digital citizenship refers to the appropriate, responsible behaviour with regard to the use of technology including, but not limited to, digital etiquette, security, rights and responsibilities, and more.

### Building Connections

This year we worked with 841 young people. This requires us to support and train 45 staff; engage in over 30 partnerships with school boards, post-secondary organizations, businesses, and

other organizations; connect with individual students and groups of students; connect with parents; and work with Pathways Canada and other funders.

There are many different mentoring activities that youth participate in to build their social and learning skills and opportunities. For example, the Ritz Carlton Hotel teaches some of our senior students about the hospitality industry. They visit and/or job shadow a variety of staff at the hotel, from the culinary team to housekeeping, and learn about etiquette, marketing, privacy, professionalism, and more. This program exposes our young students to experiences that will help them with their post-secondary and job applications, and we see a big change in their confidence when they are done. Through this partnership, both the Ritz Carlton and our students are engaged in the community.



In response to requests from parents and the school principal, Pathways Mentoring Program launched a homework club at Nelson Mandela Park Public School. This year, 17 Pathways students were tutors to 63 students from grades three to eight. As an additional support, we partnered with York University to ensure that the homework club is organized in a way that would benefit both the young participants and our Pathways volunteers.



## The Pathways Team Perspective



From the “keener” who is getting all A’s, to the individual who has little interest in school, everyone can benefit from an SPSW (Student Parent Support Worker) working with them and their family, and anyone can enhance their academic career and social skills by participating in Pathways. But the students who need us the most are the ones who would fall through the cracks if the program did not exist. Many have the desire to succeed and the drive to do better, but may lack the skills, support or opportunity.

For the student who was painfully shy, English her second language, who lacked social skills, and wasn’t comfortable engaging with her peers or teachers, Pathways’ group mentoring was transformative. She became comfortable in her own skin, learned to advocate for herself and strived to achieve. She later became a volunteer herself, tutoring the next generation of young kids in the community.

The young man with a learning disability, struggling in math, who didn’t have the grades to get into an engineering program, was able to access Pathways’ one-to-one tutoring with a volunteer who had the special skills to work with him. His SPSW worked with his teachers to help accommodate his specific needs. He got the confidence to take him to the next level and was accepted to university in the program of his choice.

And the introverted individual who mustered the courage to go away to university, became homesick, intimidated by an institution that seemed cold and unfamiliar, and overwhelmed with family issues at home. Her grades plummeted and she considered leaving post-secondary altogether. She reached out to the Pathways coordinator dedicated to ensuring that students successfully transition into post-secondary education. She was quickly connected to a counselling centre in her area and the appropriate resources to help her cope. She is now on the path to receiving her undergraduate degree.

Of course not every story is a success story in this way. For some, the success is in trying; the success is in learning something about themselves; the success is in being connected to someone; the success is in trying again.

Our work is fulfilling because we get to see the fruition of all of the hard work that the students—and staff that assisted along the way—have put in. We see what these kids can accomplish, who they become and we get to celebrate with them when they arrive at a place that many people thought they might never get to.

### Since 2001 Pathways has:

Served <b>3,085</b> students	Graduated <b>1,386</b> students*	Worked with <b>560</b> volunteers
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\*First graduation in 2005

### In fiscal 2015 specifically, Pathways

Served <b>841</b> students (all grades)	Graduated <b>117</b> students*	Worked with <b>158</b> volunteers
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\*at the time of publication

Our five-year graduation rate is **73.5%**, a 2.5% increase from last year.





### 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 two part-time dentists, a dental assistant and a dental receptionist.

#### Ensuring our financial health

Part of our role is to prepare and review monthly financial statements for each program to ensure our end of year financial activities are on target. Our annual audit for fiscal 2015 was completed in May and we are happy to report that we balanced the budget (no surplus or deficit). Our administrative costs for the organization were 18%, well within the acceptable level set by our funder, the Local Health Integration Network (LHIN).

#### Maximizing employee performance

An organization cannot build a good team of working professionals without good human resources. The key functions of human resources management include recruitment, training, performance appraisals, motivating employees, as well as workplace communication, workplace safety and much more. In November 2014, RPCHC hired a new Human Resources Manager and restructured the position to full-time to better address demand. A number of HR policies are currently under review.

#### Ensuring the privacy of our clients

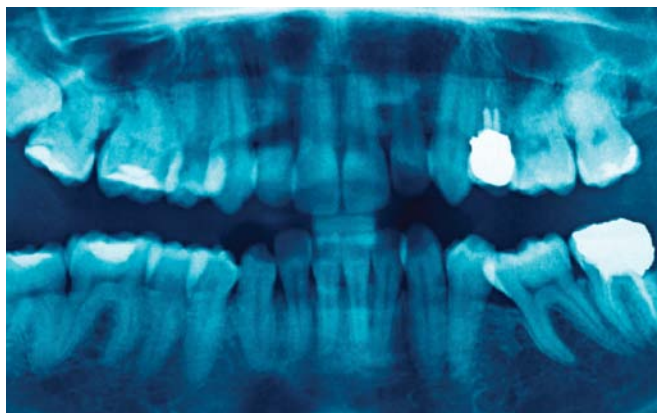
The Personal Health Information Protection Act, PHIPA, is an Ontario law that governs the collection, use and disclosure of personal health information within the health sector. The objective is to keep personal health information confidential and secure, while allowing for the effective delivery of health care. Last year we made several improvements to our privacy practices, including a review of best practices, an all-staff refresher on RPCHC privacy policies and PHIPA, and the beginning of a privacy breach protocol.

#### Managing risk

We enrolled in a risk management program through our health care liability insurance provider, who identified the top four areas of risk as: wrongful dismissal, privacy breaches, failure to recognize deteriorating client conditions, and visitor/client falls within our facility. An audit was conducted and strategies were developed to minimize our risk in these areas.

#### Improving our facilities

As our programs grow and our capacity to serve the community increases, so does our need for space. Last fiscal we secured one more year of funding for the Pathways Digital Lab and renegotiated a five-year lease for Pathways offices located at 411 Parliament.



#### Serving our dental clients

A restructuring of the dental program took place in order to reduce deficits and better serve our clients. Changes include reducing clinic hours to four days per week and developing new procedures to refer clients who live far outside the Regent Park catchment area to dental clinics closer to their homes.





## The Reception Team Perspective



The Reception Team supports all of the programs delivered through RPCHC and we are the first point of interaction for each client who walks into the Health Centre. From the newcomer to Canada who needs translation services and support with her refugee claim, to the multigenerational family who receives their primary health and dental care here, to the groups who participate in our peer-to-peer workshops—we meet and greet them all.

Some of the most vulnerable people we see are the homeless or marginally housed men and women who access our ground floor programs. Often they come in to get a pair of socks or for basic hygiene needs and eventually become permanent clients of the Health Centre.

One example of how our support to an individual can evolve over time is an older gentleman who used to come in to use the shower and laundry facilities. He was seen at our Wednesday One Stop Walk-In (WOW), a program designed to connect homeless individuals to different health care and social services. He didn't have a health card or a primary care physician. An assessment by the Clinical Team showed that he had hypertension and diabetes that weren't being managed. He didn't have family in the city and was socially isolated.

Our housing and social workers helped him get an OHIP card and an apartment, the Clinical Team helped him to get his illnesses under control, and he met people in the diabetes education program struggling with issues similar to his own. When he comes in today, we can see the change from two years ago—in his face, his dress and his demeanor. He is a great example of how our most vulnerable clients are welcomed, receive holistic care and whose lives are impacted by RPCHC. It is very fulfilling to be a part of an organization that makes a difference in people's lives.

As part of reception, we are the first impression of the Health Centre. Each member of the team strives to make our clients feel comfortable and supported and set the example of what they can expect from the programs offered at our various locations. We provide the menu and guide clients to the services they need, and in time they come to trust and respect us.

Each person has a unique story and some face complex physical, mental and social challenges, yet most of them still smile when they walk through our doors. This is a testament to the people we work with and the culture of our organization, not just what we do, but how we do it.

**We were also successful in securing funds—thank you to the Toronto Central Local Health Integration Network and the City of Toronto—for capital improvements at various locations including:**

### **A new elevator**

at 465 Dundas Street East

### **A complete renovation to our shower & laundry facility**

and replacement of the main floor furniture at 465 Dundas

### **20 new computers**

and one main server to replace older equipment

### **Transformation of a 3rd floor office to a new physiotherapy space**

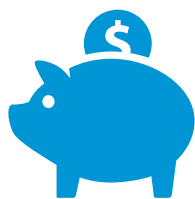
Renovation to a newly leased space at 409 Parliament to accommodate a

### **new diabetes site**

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## REGENT PARK COMMUNITY HEALTH CENTRE

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Total annual budget

**\$13.4M**



**25,225**

Clinical visits with

**2,683**

clients

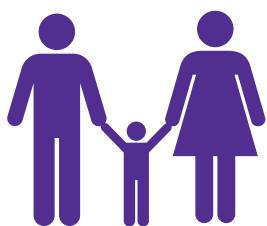


**6,942**

Community Health Team  
visits with

**1,333**

clients



**399**

new Community Health  
Team clients



**18,745**

visits by community  
members to Parents  
for Better Beginnings



**436**

families seen  
by Parents for  
Better Beginnings

---

## BY THE NUMBERS IN FISCAL 2015

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**841**

youth in  
Pathways to Education™



**2,925**

hours of work by volunteers  
at Pathways to Education™



**2,640**

visits to the  
Dental Program



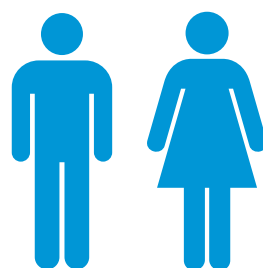
**3,043**

visits for shower &  
laundry services



**2,041**

individual client  
visits with the Diabetes  
Education Program



**397**

new Clinical clients



**1,137**

health promotion sessions with  
**15,092**  
attendances

## AUDITED FINANCIAL STATEMENTS

Statement of Receipts and Expenditures  
Year Ended March 31, 2015

### REGENT PARK COMMUNITY HEALTH CENTRE

ASSETS	2015	2014
<b>CURRENT</b>		
Cash and equivalents - restricted	\$ 818,906	\$1,156,030
Cash and equivalents - unrestricted	691,414	734,916
Amounts receivable	246,898	226,186
Prepaid and sundry assets	20,630	-
	1,777,848	2,117,132
Property and equipment	3,054,083	3,160,141
Cash and cash equivalents - unrestricted for future use	1,159,663	1,399,650
Cash and cash equivalents - restricted for future use	132,316	131,592
Term deposits - restricted for future use	1,704,453	1,650,000
	<b>\$7,828,363</b>	<b>\$8,458,515</b>
<b>LIABILITIES AND FUND BALANCES</b>		
<b>CURRENT</b>		
Accounts payable and accrued charges	\$63,382	\$107,042
Due to Toronto Central Local Health Integration Network	-	31,346
Due to the Ministry of Children and Youth Services	9	9
Deferred revenue	29,703	43,925
	<b>93,094</b>	<b>182,322</b>
<b>NET ASSETS</b>		
Restrictive funds - Capital - Regent Park Community Health Centre (core operations)	3,054,083	3,160,141
Project funds - Regent Park Community Health Centre (core operations)	1,965,064	1,866,186
General operating fund - Pathways to Education	726,671	726,671
Scholarship fund - Restricted by donors - Pathways to Education	51,888	605,269
Scholarship fund - Restricted by the Board - Pathways to Education	1,829,241	1,807,888
Restricted fund - Donations - Parents For Better Beginnings	108,322	110,038
	<b>7,735,269</b>	<b>8,276,193</b>
	<b>\$7,828,363</b>	<b>\$8,458,515</b>



## REGENT PARK COMMUNITY HEALTH CENTRE

RECEIPTS	2015	2014
Toronto Central Local Health Integration Network		
- Base	\$6,391,486	\$6,386,414
- Non-recurring	10,000	113,200
Ministry of Health and Long-Term Care	464,304	464,304
Other grants	1,754,704	1,681,579
Ministry of Community and Youth Services	55,342	700,649
Ministry of Education	763,003	-
Donations	79,684	86,185
Pathways to Education Canada	3,317,000	3,258,000
Interest income	23,483	40,004
	12,859,006	12,730,335
<b>EXPENDITURES</b>		
Salaries	7,935,050	7,820,746
Benefits	1,714,689	1,574,026
Operating expenses	2,410,136	2,594,302
Student transportation (TTC expenses) & school supplies	520,024	524,388
Scholarship expenses	553,381	539,343
Non-recurring expenditures	10,000	64,098
Amortization	298,358	300,976
	13,441,638	13,417,879
<b>EXCESS OF EXPENDITURES OVER RECEIPTS FOR THE YEAR</b>	<b>-582,632</b>	<b>-687,544</b>
Add: Funds from prior year net assets	582,632	687,544
<b>EXCESS OF EXPENDITURES OVER RECEIPTS</b>	<b>0</b>	<b>0</b>

Fiscal 2015 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](mailto:kellyk@regentparkchc.org).

## STAFF LIST

# Regent Park Community Health Centre Staff 2014/2015

### EXECUTIVE DIRECTOR

Sheila Braidek

### CLINICAL

Veronica Van Dam, Director

Adi Akanbi

Ciaresse Alberto

Rebekah Barrett

Dimple Bhagat

Victoria De Guzman

Zeena D'Souza

Leticia Dumlao

Anne Egger

Janienne Foenander

Sharon Gazeley

Dan Ha

Laura Hanson

Teresa Hughes

Alan Li

Joanne Louis

Roy Male

Vashti Mascoll

Dorothy McGowan

Stephani Murillo

Katherine Nash

Kifi Pena

Karol Prokocki

Victoria Qi

Rageetha Ratnam

Nayana Somaiah

Monica Sullivan

David Tudo

Fatima Uddin

Marika Warner

### COMMUNITY HEALTH

Cherie Miller, Director

Gregory Bell

Nicole Browne

Susan Brundl

Nema Dahir

Raquel Figueroa

Flavia Genovese

Ambaro Guled

Adiam Haile

Calvin Henschell

Peter Ho

Fiona Husband

Judy Hyndman

Erin Krusky

Darryl Langendoen

Nancy Marr

Christine McConnell

Lesa McPherson

Rahma Mohamed

Sabin Mukkath

Norma Jean Neal

Deany Peters

Doan Quan

Dean Reid

Angelica Reyes

Josie Ricciardi

Olivia Rojas

Gary Simmons

Hussain Sookot

Katherine Tedford

Eleanor Tyrell

Patty Wong

### PARENTS FOR BETTER BEGINNINGS

Nury Rugeles, Director

Lindsay Allan

Shari Chan

Winnie Chow

Joysree Dey

Georgia Dyer

Priscilla Dutt

Gene Lincoln

Diane MacLean

Klaudia Meier

Varinia Ortiz

Anisa Osman

Yasin Osman

Jasmina Pilasanovic

Julia Porter

Thevasunthary Rajamohan

Anushiya Ramanathan

Ly Ling Sychaleune

Dorjana Vojvoda

Alicia Wallace

Zeinab Warsame

### PATHWAYS TO EDUCATION™

Sharmini Fernando, Director

Joycelyn Amos

Natalie Barrales-Hall

Gordon Blair

Nana Boateng

Trecia Browne

Kim Burke-Levy

Jason Creed

Jermyn Creed

Shadi Eskandani

Tyler Freed

William Gooding

Kai Gordon

Olando Harris

Bashir Hassan

Xin Zhi (Jennifer) Hua

Mahbub Khan

Jameela Krishnan

Cecilia Lontok

Shannon Marsh

M. Joy Martin

Alice Martin-Ellwood

Tabassum Mehnaz

Richard Mitchell

Abdullahi Moalim

Abdilatif Mohamed

Mumina Mohamed

Rahma Mohamed

Saida Mohamed

Ashif Mohammad

Harjot Natt

Suzana Neves

Marilyn Nichols

Kim Outten

Jamal Paisley

Karyn Pendenque

Sarah Rogers

Nikhila Samuel

Janet Scollard

Savannah Shears

Mallory Switzer

Omar Sybbliss

Beryl Tang

Alexandre Vallée

### FINANCE & ADMINISTRATION and DENTAL

Kelly Kane, Director

Nasrin Akther

Gordon Blair

Mark Congram

Farbod Fanian

Terry Fedoriuk

Sian Ferguson

Wael Jalal

Jan Milito

Fukumi Molla

Remy Ramos

Jeannette Ryan

Yasmeiry Santana

Parvein Sorabji

Doah Thaher

Sue Underhill

Cindy Yang

Zalina Yu

Noah Zacharin

### COMMITTEE FOR ACCESSIBLE AIDS TREATMENT

Maureen Owino, Coordinator

Ciro Alessandro Bisignano Barreto

Raj Jagwani

### MID-EAST TORONTO HEALTH LINK

Robin Griller, Director

# Thank You To Our Donors and Funders

The generous support of our funders and donors makes the work of the Regent Park Community Health Centre possible. Thank you.

## DONORS:

Alfie Yip  
Alison Willwood  
Beverley & Charles Harnick  
Brian & Joyce Westlake  
Candice Cassils  
Carpenters & Allied Workers (Local General Fund)  
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Robert & Kathleen Schacter  
Sts. Cyril & Methody Cathedral  
The Canadian Women's Foundation  
The M.A.C. AIDS Fund  
The Source  
The WB Family Foundation  
Tricia & Paul Richea  
Violet Budacki  
William Robert Davis

## FUNDERS:

Canadian Institute of Health Research  
Ontario Early Years Centre  
Ontario HIV Treatment Network  
Ontario Ministry of Children and Youth Services  
Ontario Ministry of Education  
Ontario Ministry of Health and Long Term Care  
Ontario Ministry of Health and Long Term Care-AIDS Bureau  
Ontario Trillium Foundation  
Pathways to Education Canada  
Public Health Agency of Canada  
The City of Toronto - Community Safety & Investment Programs  
The City of Toronto - Investing In Neighbourhoods  
The City of Toronto - Shelter, Support & Housing Administration  
The City of Toronto - Toronto Urban Health Fund  
Toronto Central Local Health Integration Network  
Toronto Community Housing Corporation



#### HEALTH CENTRE

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Fax: (416) 364-0822



#### PARENTS FOR BETTER BEGINNINGS

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Fax: (416) 362-5899



#### PATHWAYS TO EDUCATION™

411 Parliament Street, 2nd Floor  
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Fax: (416) 642-1577  
[www.pathwaystoeducation.ca](http://www.pathwaystoeducation.ca)



#### DIABETES EDUCATION PROGRAM

409 Parliament Street  
Toronto, Ontario M5A 3A1  
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Fax: (416) 603-8068

#### LANGUAGE LINES

Somali: (416) 203-4503  
Mandarin, Cantonese and  
Vietnamese: (416) 364-3210



## Regent Park Community Health Centre



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, the Ontario Trillium Foundation, 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.