

Annual  
Report  
2015/2016



**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.

## 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 2015/2016

### President:

Greg Webster

### Vice-President:

Abukar Hagi

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\*Indicates retired  
in fiscal 2015/2016

### Ex-officio:

Maureen Parry

# Letter from the President & Executive Director

individuals *and* with the whole community. We deliver services *and* we do it in ways that create partnerships with the community.



Greg Webster  
*President of the Board*



Sheila Braidek  
*Executive Director*

One of the strengths about the community health centre (CHC) model is that we don't fit neatly into any one category. We treat people when they are sick *and* we focus on health promotion. We work with

In the same way the Regent Park Community Health Centre (RPCHC) can't be fit neatly into any one category, so too our strategic directions overlap and mutually support each other. Some of the work we do to advance health equity also builds capacity in the community. The work we do to build community also enhances wellbeing. Innovation and learning also strengthens our organization and advances health equity.

This year's report is organized by strategic direction, rather than by department. We hope this will help highlight the ways in which the different programs and services are woven together to create a web—a web of engagement, support, commitment, and collaboration both across the organization and between us and you, our community.

For all the funding and the people and the services and the programs and the rules and the processes and everything else, RPCHC is what it is because of who we work with. It's that simple. And that complex. We are an organization that has both individual- and community-focused programs, that is community governed, that has physicians on salary, that has programs that are about education and early childhood development, that engages the people who are experiencing different challenges in responding to those challenges, and more. We are all those things because that way of working is effective in responding to the needs and aspirations of the people and communities we work with.

The Board of Directors is pleased to be able to report to the membership that the organization is in sound financial position; the programs and services undertaken over the past year have been aligned with our mission and strategic directions, and have been of a high quality; and that we are actively working to position RPCHC within a quickly changing policy environment.

And we are able to do this work in this dynamic community because of the generous support of our funders and donors; the terrific effort and dedication of our staff and volunteers; and the confidence and contribution of you—our clients and community. Thank you.

# Advancing Health Equity

don't have status or health insurance—all these groups generally have poorer health. Why, and what can we do about this?

The Regent Park Community Health Centre (RPCHC) works to make sure members of our communities have opportunities to get and stay healthier by improving access to health services and making those services work in ways that are appropriate for our clients.

Our specialty clinics for people living with diabetes, HIV/AIDS or hepatitis C (Hep C)\* may include any combination of one-on-one medical or nursing appointments, health education, peer education or group-based mutual support. The Wednesday One-stop Walk-in (WOW) is designed to bring a range of services (medical, nursing, case management, and more) together at one place and time for homeless or street-involved folks. Building Babies Brains, in an ongoing partnership with the Children's Book Bank, helps create a literacy positive waiting room and primary care providers encourage parents to read to their kids in part by handing out books at key visits. Health includes both getting your immunization *and* building literacy.

LAST YEAR, SOCIAL WORKERS WORKED WITH  
**557 clients**

NEARLY 75% OF THESE WERE ALSO SEEN BY OUR CLINICAL TEAM OF DOCTORS, NURSES AND NURSE PRACTITIONERS

Some groups are healthier than others. People living on low-incomes, immigrants, refugees, people without housing, people with mental health challenges, people who

All of our teams were very busy last year taking on new clients and working with ongoing clients. The Clinical Team took in 109 new clients and provided care for 2,275 clients in total. Our social workers worked with 557 clients providing a range of counselling, case management, including service coordination and helping access more instrumental supports. The nutritionist worked with 350 clients and the chiropodists worked with 506 clients last year. Our physiotherapy program, in its first year of operation, worked with 222 individual clients during 890 visits and conducted various group exercises and education workshops. And the community health workers engaged with 325 individuals to help navigate systems and access services.

Our Dental program provided care for 1,253 people during 2,233 visits. This program was one of the first integrated dental programs in Ontario. In the coming year, we'll be looking at some new ways to improve its sustainability and scope.

Refugees living at Sojourn House were better served by partnerships with our Clinical and Parents for Better Beginnings (PFBB) programs. And through the Child Development Clinic at PFBB, 80 families were able to get the support they needed in a safe and positive environment.

The collaboration between different staff is driven by the client. Staff might work through a language interpreter, in the client's home, or using foods that are culturally or financially appropriate for the client. Providing and helping people access the services, information and resources they need—in a way that is most appropriate to them—is an important part of advancing health equity.

\*The Hep C program is a partnership with Sherbourne Health Centre, South Riverdale Community Health Centre and Michael Garron Hospital (Toronto East General).



I remember when there wasn't even a clinic in Regent Park, just a doctor that came to the community twice a week.

Then we got \$4M from the government for a health clinic. The first location was at Belshaw Place and we got more offices and more doctors. You really got to know the healthcare team and I was even part of a committee to assess new recruits. The doctors and the nurses that work here can't be snooty, they have to be genuinely interested in the people they are talking to if they want to understand the health problems of the clients.

The clients in Regent Park come from all different backgrounds: street people who would not be able to get proper care if it weren't for the Health Centre; generations of families who have lived here their whole lives; new people from many different countries who speak languages other than English. RPCHC has interpreters and I sometimes get to talk to people I couldn't normally talk to. I have learned from it; it has changed me, changed my family.

I have also learned more about how to take care of myself. When we discovered I had diabetes, the doctors and nurses taught me how to take needles and sent me to the diabetic clinic to plan menus that would help me manage my sugar. I see doctors about a heart condition and I am a patient of the foot clinic. When I need answers, they explain it to me, not in technical terms, but in ways I can understand.

I know everyone on the Clinical Team, they are like my family. I see old friends in the waiting room and make new ones. There is always lots of laughing and I really enjoy coming here.

The community needs something that works for everybody and the Health Centre does that. I have heard people say that they wouldn't be alive today if it weren't for RPCHC. The doctors here make sure it is done right. It makes me love the clinic and I am glad it will always be there for me.

**Ginger lived in Regent Park for 25 years until she was re-housed in Scarborough during the first wave of redevelopment. She raised 4 children in the community and three of them continue to be patients of RPCHC.**



## LISA AND HER DAUGHTER AMELIA

In 2008, I came to Canada from China for a different life. I moved to Regent Park and became a client of the Regent Park Community Health Centre. When I became pregnant, the Health Centre referred me to Parents for Better Beginnings. My parents were in China and it was my first time having a baby. The prenatal program taught me what to expect when in labour, breastfeeding and almost everything about becoming a mom.

When Amelia was born, I got a family home visitor and I am so glad to have her. She is like my mentor. She gave me breastfeeding support, taught me baby massage and how babies develop. She filled in a lot of details I did not know.

I really liked the post-natal program. It showed how my baby would develop and I got to meet a lot of moms there. And the instructor used two languages—English and Mandarin.

Mandarin is my first language, so I could understand more.

Nobody's Perfect parent group was also great. In class I learned about baby development – mental and body, how to keep my baby safe, nutrition information, how to discipline a baby, and how to communicate with Amelia.

PFBB changed my life and I think I am very lucky to have this organization in my neighbourhood.

**Lisa graduated from the Social Work program at George Brown. When Amelia was born, Lisa stayed home to take care of her daughter but has recently returned to work part-time. Currently Lisa's parents are visiting from China and taking care of Amelia. Both mom and baby still participate in PFBB programs and events.**

# Advancing Learning and Innovation

based on the knowledge and experience we have gained.

RPCHC is committed to learning from our experiences and our community, and building on what we learn. This includes **improving** our work on a day-to-day basis, **sharing** what we have learned with others and **informing** policy

## IMPROVING OUR WORK

Last year, we established the Client Conversation Circle as a way for clients to talk to us about their experience with RPCHC. These conversations provided feedback that has been used to help us improve our work across all programs delivered at the Health Centre.

Our client surveys showed more clients than last year were able to access same or next day services. They also gave very positive reports on getting enough time with providers, getting the information they need, and being engaged in decision-making. Overall, there was a high level of satisfaction. We learned too that there was an opportunity for us to engage more clients in planning and governance.

An evaluation of Parents for Better Beginnings' Family Home Visiting program showed that 95% of clients reported improved skills, knowledge and awareness of services. Evaluations of the Wednesday One-stop Walk-in (WOW) and Men's Drop-in showed that participants valued the services available and would benefit from additional services. The Men's Drop-in participants reported a reduction in social isolation.

PARENTS FOR BETTER BEGINNINGS WORKED WITH

499

FAMILIES IN THE COMMUNITY LAST YEAR

## SHARING WHAT WE HAVE LEARNED

Reducing Harm Through Outreach participants were invited to present to the Toronto Central Local Health Integration Network and other policy makers about

the needs of marginalized sex workers. They were also invited to present at Casey House's *Women, Mental Health and HIV* full day symposium.

RPCHC provided a detailed analysis to the Toronto Central Local Health Integration Network on our access to primary care rates. Two key things were highlighted as having an impact on the number of clinical clients we can see in a year. First, the population we work with is unique with an extremely high proportion of people living in poverty (over 75%), as well as dealing with many health issues. This isn't a surprise as we know that poverty is bad for your health. Second, RPCHC has many real limitations in terms of space and staffing. While we face these challenges, there are some things we can do to improve access and we continue to work on these.

## INFORMING PUBLIC POLICY

RPCHC takes what we have learned from our work and our clients' experiences and uses that to inform public policy. Last year we prepared a brief on housing, supported the changes to the provincial sexual health curriculum and supported the call for supervised injection services in Toronto.

We added our voice to local and provincial efforts to build understanding and support with government and others about the role and pressures facing community health centres in Ontario; the needs and challenges facing our clients and communities; and the challenges facing RPCHC and our various programs. Briefings to the Ministry of Education about PFBB and Better Beginnings Brighter Futures programs, liaising with the City to reinstate funding for the Women's Art Program, and participating in Health Links and primary care reform discussions are all examples of this work.

# Building Community

differences, but often it is about helping groups identify things that they have in common.

Community is about working together and supporting each other so that we can improve the health of the whole community. Sometimes that's about helping people work across their

Community governance—a community-based Board of Directors and committees—is an example of different people with a common interest working together. It has been an important way for people in our community to help shape the work that we do at RPCHC and to get local issues heard elsewhere. Advisory committees for programs such as the newcomer program or the Hep C program are other examples of people coming together to influence what we do and how it is done.

Creating Caring Communities, a project in Moss Park, gave residents an opportunity to come together to identify some things they wanted to do and to take action to make those things happen. In partnership with Toronto Community Housing and Food Forward/Building Roots, we were able to host a number of events, including healthy cooking classes, peer training, community outreach and more.

Our Dad's and Kids Fun Day, and work with PFBB's Fathering Initiative, has also been some exciting and important community work over the past year. These events help to highlight and support the important role that fathers play in parenting and community.

Throughout the year several other events were organized in partnership with local community members. This included actions like the annual Reclaim the Streets demonstration, World Refugee Day Walk, education and action to provide civic engagement during municipal and federal elections, Lunar New Year celebrations, Sunday in the Park, and participating in the Regent Park Social Development Plan Stakeholders Table.

In October, RPCHC hosted an Open House. This exciting event gave us a chance to meet and chat with people living and working in the neighbourhood. Many people took this opportunity to learn about the different programs and services we offer and to tell us about what RPCHC means to them. All staff agree, it was a great afternoon!

## OUR COMMUNITY HEALTH TEAM DELIVERED

1,115

GROUP SESSIONS ON A WIDE RANGE OF ISSUES AND TOPICS WITH OVER

17,050

ATTENDANCES

## NADIA

Once when I was age four, my mother and I were waiting on the curb at King and Jameson when this car came and rammed into us. I had brain damage and seizures as a result of that accident. I was labelled developmentally delayed and put in special education.

Education has always been very important to me. My dream is to go to college and get a job doing something that gives back to the community. I had no idea when I finished high school that I would be leaving without a diploma because I didn't do the regular curriculum. It was a shock to me at the time and I became very worried about what would happen to me.

I lived in group housing and worked at a low paying job for a while and then made my first attempt on my own to do the academic upgrade program at George Brown College. Unfortunately, I didn't have enough English and Math skills, but that didn't stop me. George Brown referred me to the Adelaide Resource Centre and I got the English and Math grades I needed, as well as a scholarship to apply to the Transition to Post Secondary Program at George Brown. I got on the Dean's List two years in a row! When I am finished this program, my goal is to get into the community worker program at George Brown or another college.

A few years ago, I was told I had to move from the group home because of my age. I had lived in a shelter before and didn't want to go back. I wanted an independent living situation. My community health worker at RPCHC helped me find subsidized housing in the community. She continues to help me with other issues like with my ODSP (Ontario Disabilities Support Program) forms, my relationship or emotional challenges I am having.

I really like my life now. I have a partner, I like what I am learning, I like where I am living. I rate my satisfaction with my life as 10 out of 10!

**Nadia is involved in local politics and she actively campaigns for the NDP party. She is an advocate for the tenants in her building, giving them advice with challenges they are having and speaking on their behalf to the housing representative.**



# Enhancing Wellbeing

What is wellbeing? It's that sense that "I'm OK in the world." It's about being able to make choices and engage in the daily life of the community. In order for people to be healthy, they need to have housing and food, a sense of belonging, and to have opportunities. And because RPCHC works with diverse populations, addressing **the social determinants** of health is a part of enhancing wellbeing in *our* community.

Last year, RPCHC staff held 1,115 group sessions on a wide variety of topics with over 17,000 attendances! These sessions helped promote different things that contribute to health, including early childhood development, harm reduction, social networks, food security, education and employment.

**Early childhood development**

Parents for Better Beginnings (PFBB) is a great example of this. We have workshops on financial literacy, maternal and infant mental health, women's relaxation, and therapeutic yoga. Family home visitors connect with new moms to help build parenting skills, promote interactions with infants, and to identify early if there are any challenges. Family resource programs are drop-in or structured opportunities for learning and support for children and parents. Our School Readiness program helps pre-schoolers get ready for school by developing social, emotional, motor, and verbal skills. Community development work promotes a positive community environment around the children and their parents. Child and family advocacy helps families find the services and resources they need. And early years social workers provide counselling and group work to help parents improve their skills, readiness and ability to parent.

**Social inclusion**

Social connection is important to health. We work with different groups to build their sense of connection and reduce isolation. The Women's Art Program works with women who are living in extreme poverty and/or are precariously housed, while the Somali Men's Group (in partnership with Fred Victor Centre) is a safe place for Somali men who are experiencing mental health issues and substance use. Both groups provide a safe, focused space that reduces social isolation, builds community and increases access to services. Participants report feeling more positive and engaged.

The Men's Drop-in and Women's Drop-in are designed to be easily accessible and welcoming spaces...all you have to do is walk in. Information, services and support are available, but you can also just come for a cup of coffee. Sometimes a cup of coffee is the bridge between someone who "lives rough" and the healthcare services they need.

Using a peer-based model has been shown to increase the success of outreach and learning and to improve health outcomes for participants. These programs rely on people who have "lived experience" connecting with their peers. RPCHC has several peer-based programs, such as the Reducing Harm Through Outreach project, which provides support and education to street-involved women engaged in sex-work and substance use; the Committee for Accessible AIDS Treatment supports immigrants and refugees living with HIV/AIDS; and the Breastfeeding Support Group at Parents for Better Beginnings. Being able to talk to someone who has walked-the-walk makes a difference in what you can hear and learn.

Much of our harm reduction work with people using substances is facilitated by peers. Last year, we distributed 11,675 needles and 7,660 crack stems. Peers delivered 18 harm reduction workshops, did weekly street outreach, took a lead on kit-making, and provided education at drop-ins and outreach on the Health Bus.

## JAMAL

I am 18 years old and I am in grade 12 at Monsignor Fraser College, an alternative high school that has the same curriculum as the rest of Ontario, but offered in a different environment with smaller classes. It's for adults who didn't quite make it in the regular system.

Early on, I thought school was the greatest. Elementary school was fun and I was the class clown, but I got labelled a troublemaker and spent a lot of time at the office. When I left Nelson Mandela Park Public School in grade 8, I thought I was ready for high school but I ended up failing. Central Technical is a BIG school. I missed a lot of classes because I got distracted. I went until grade 12, but every year I was getting fewer and fewer credits. I even got kicked out of Pathways for not participating.

My attitude toward school has changed since my days at Central Technical. I am making a dedicated effort to actually get to class every single day; I participate in Pathways tutoring and mentoring programs; and I know how to access help when I need it. Now I am successful at school, I still have trouble in some classes like English, but my final Math mark was 92%!

College is looking more and more like a possibility for me. Last year, I took a credit course at George Brown that applies one credit to my high school diploma and one credit toward a future college degree. And my Pathways SPSW (student parent support worker) and I will be sitting down with an advisor at George Brown to look at what my different career options are.

Some people say they see a big transformation in me from what they knew about me before. I guess it's because I can see my successes and I see the value of finishing high school. Pathways and this new school I am at encourage me and give me opportunities that I didn't get elsewhere. I can see others respect me and it makes me want to respect myself.

**Jamal is the middle of five children. His younger brother and sister also participate in Pathways. He will be the first of his siblings to go to college.**



## Housing

Just as early childhood development and harm reduction are important to health, so too are housing, education and employment. Last year our housing worker worked with 185 clients during 440 visits. Of the 58 people she helped house between October 2014 to September 2015, 93% continue to be housed. Housing stability is helping improve her clients' overall wellbeing.

## Education

The Pathways to Education™ program (Pathways) worked with 789 youth last year (over 85% of eligible youth in the Regent Park area). Academic support, mentoring, advocacy/social support for both students and parents, and financial support are woven together to increase student achievement, a community norm of high school completion, and a sense of real possibility for the future. In the last year, our Pathways participants' five-year graduation rate was 74%, up from 69% in 2011. 119 volunteers contributed 3,092 hours to help with the academic support and mentoring programs.

LAST YEAR,  
WE DISTRIBUTED OVER  
**\$481,000**  
IN SCHOLARSHIPS TO AREA  
YOUTH PURSUING  
POST-SECONDARY EDUCATION!

Mentoring supports that help youth finish high school and prepare for post-secondary education, like volunteering and learning to build a résumé, also help prepare youth for employment opportunities. The Pathways program also helps connect participants to a range of other services such as the Youth Health Service at RPCHC and counselling services at Delisle Youth Services and others.

The Pathways program relies heavily on partnerships with schools, education institutions, business and the public sector to provide support and opportunities for youth. The Public, Catholic and French School Boards—and their staff of principals, counsellors, teachers and administration—work with us to support student success in school. Ryerson University, George Brown and the University of Toronto are some of the post-secondary institutions that help with mentoring activities. Last year, we worked with Ryerson Women in Engineering and the Ryerson Athletic Mentors. Microsoft Canada and other businesses help create workplace-oriented learning and mentoring opportunities for youth and to support our Digital Literacy Program. And the Toronto Police Service and other public sector organizations also help create a constructive learning and social environment in the community and in the workplace. For example, over the past year 30 Pathways youth also participated in the Youth in Policing Initiative.

Last year Pathways participants also helped to support the wellbeing of our community by providing tutoring to nearly 20 grades 5-8 kids at Nelson Mandela Park Public School, while the Homework Club/ESL helped over 60 children and parents to improve their literacy and numeracy.

## Employment

Last year, in response to a need for more employment opportunities, RPCHC became one of five agencies in Regent Park collaborating on Moving Toward Opportunity (MTO). This initiative provided 10 youth with employment preparedness training, summer employment and mentoring throughout their employment experience. This was possible through the effort and cooperation of business, private donors, municipal, and non-profit organizations. In the coming year, MTO is hoping to expand to work with 25 to 30 youth.

# Strengthening the organization

They need to be able to take advantage of opportunities and collaborate with others. This “organizational capacity” is vital to the long-term health and effectiveness of any community organization. It is also very challenging and requires patience as the organization weathers both good and bad times.

Last year, RPCHC had some financial ups and downs and managed to finish the year with a balanced budget. Parents for Better Beginnings was the beneficiary of *Backyard Boogie Woogie*. This fun event raised over \$5,000 for PFBB! Thanks to all the donors and especially Mark “Mr. B” Braun. The overall Pathways to Education budget was reduced and the maximum scholarship per student decreased from \$4,000 to \$2,000. The Pathways Team in Regent Park has worked creatively to accommodate these changes. Fundraising is extremely hard work and we appreciate the continued support of Pathways Canada.

LAST YEAR, OUR DENTAL TEAM SAW

1,253

PEOPLE DURING

2,233

VISITS

RPCHC also received some one-time funding from the Toronto Central Local Health Integration Network to help with equipment purchases and renovations to the Diabetes Education and physiotherapy offices. Funding from the City of Toronto helped us to renovate the shower and laundry space.

In order to provide necessary services and work with community effectively, organizations need to have the infrastructure, staff, resources, and processes in place to do that.

To help ensure security of our clients, staff, facilities, and information, we conducted a privacy audit, a security inventory, had our annual financial audit completed, replaced some computer equipment, took steps to improve our IT/IM system failover and bandwidth capacity, and created an extensive document archiving system to digitize our document storage.

Every community organization knows they cannot do it alone. RPCHC’s programs and services are strengthened by robust community partnerships.

And finally, the strength of any organization lies in its people. Our staff, volunteers, board members, and community members all contribute to the dynamic organization and work of RPCHC. Their commitment, creativity, passion for justice, and experience contributes at all levels to the success of what we do and how we do it. Thank you.

## GOOD-BYES

During the year we said good-bye to dentist Dr. Noah Zacharin. Noah had been with us for over 25 years and was instrumental in the success of our dental program. With Noah’s retirement, we are exploring different ways of operating the dental program. We wish Noah well in the future.

We also said good-bye to Dr. Margaret (Peggy) Lathwell. Peggy had been with us for 24 years. Her profound commitment to client-centred care was evident in both her interactions with clients and her belief in the community health centre model. We wish Peggy all the best.



## JANIELLE

I have been a client of the Health Centre and a patient of Dr. Zacharin since I was just three years old! He was always such a character with a dry sense of humour that went over my head when I was a kid, but I got used to it and just always felt comfortable with him. I'm sad he is retiring, but the people who work in the Dental Clinic are so nice and make you feel right at home. I won't change dentists even though it might be more convenient for me to go elsewhere because it is familiar here and because growing up as a low income person with a new immigrant single mother, this team played an important role in my healthcare. I am sure it is the same for many people in Regent Park.

Growing up in this community, you come into contact with people from all over the world. While most people in Canada are raised with the importance of dental hygiene drilled into them, other countries don't stress it as much. My mom is a perfect example, she got her first pair of dentures in her early twenties because they weren't educated about dental care in her home of Jamaica.

The Dental Team here provides that education to residents of this community, both long standing and new Canadians. They explain why dental hygiene is important and how things work...some thing your parents wouldn't know to teach you. I know from what I see elsewhere that we are lucky to have this state-of-the-art care in this lower income community. There many things I wouldn't have access to growing up in another country or even another area of the city.

For some people its just teeth, but to me it's so much more.

**Janielle is passionate about social justice and would like to pursue a degree in social work at Ryerson University. Her hope is to come back to Regent Park and help other youth find ways to turn their disadvantages into advantages.**

# One more good-bye

We recently said goodbye to Sheila Braidek, our Executive Director at RPCHC for close to 9 years.

Under Sheila's skilled and thoughtful leadership, RPCHC programs and services expanded to meet the needs of our community. This included the establishment of diabetes education and physiotherapy programs; a new range of supports for youth, including generous funding from Google Canada to develop the digital literacy program; the development of an Infant Mental Health Strategy; and the inclusion of the Community Accessible AIDS Treatment (CAAT) program within the Health Centre, to name only a few.

As our programs and services grew, so too did our operating budget (from \$9.5 million to over \$12 million annually) and our staff compliment (from 114 to over 125).

Over nearly a decade at RPCHC, Sheila oversaw the implementation of our five-year strategic plans, most recently covering the period 2012-2017; led the organization through two successful CHC accreditation processes; and guided the Health Centre's transition to electronic client records (ECR). Sheila is respected by her peers and participated in the AOHC's (Association of Ontario Health Centres) Performance Management Committee and the GTA network of CHCs.

Sheila was a strong leader in the broader Regent Park community, including her active involvement in the Regent Park Social Development Planning table, the Provincial Executive Director Network, her advocacy around the City's Poverty Reduction Strategy, and meetings with our MPP to highlight issues impacting the Health Centre and the Regent Park community. She values a community development approach and supported many community capacity building projects over the years.

**Sheila is an excellent thinker and writer, evidenced by thoughtful letters to support relevant social issues such as affordable housing and safe injection sites.**

Beyond the RPCHC catchment area, Sheila was a strong advocate with the Ministry of Education on the benefits of the Better Beginnings Better Future model and the importance of equity when implementing the new Ontario Early Years Child and Family Centres. And she took on a key role as RPCHC became the lead agency in the Mid-East Toronto Health Link (METHL), which aims to help create a more client-focused and coherent health system.

The Board of Directors, staff and community members send our sincere thanks to our former Executive Director for her years of service in Regent Park. Sheila, we wish you the very best in your new position. You will be missed!

***Sheila Braidek made the decision to move from Toronto to Belleville, Ontario and has accepted a new challenge as Executive Director at the Belleville and Quinte West Community Health Centre.***

# Audited Financial Statements

Statement of Receipts and Expenditures  
Year Ended March 31, 2016

## REGENT PARK COMMUNITY HEALTH CENTRE

<b>ASSETS</b>	<b>2016</b>	<b>2015</b>
<b>CURRENT</b>		
Cash and equivalents - restricted	\$ 744,045	\$ 818,906
Cash and equivalents - unrestricted	710,968	691,414
Amounts receivable	233,549	265,935
Prepaid and sundry assets	33	20,630
	1,688,595	1,796,885
Property and equipment	2,795,935	3,054,083
Cash and cash equivalents - unrestricted for future use	1,755,536	1,159,663
Cash and cash equivalents - restricted for future use	132,245	132,316
Term deposits - restricted for future use	825,874	1,704,453
	\$7,198,185	\$7,847,400
<b>LIABILITIES AND FUND BALANCES</b>		
<b>CURRENT</b>		
Accounts payable and accrued charges	\$52,154	\$63,383
Due to Toronto Central Local Health Integration Network	10,000	-
Due to Toronto Central Local Health Integration Network - Diabetes Education Program	28,583	-
Due to Toronto Central Local Health Integration Network - Mid-East Toronto Health Link	218,553	166,511
Deferred revenue	26,269	29,703
	335,559	259,597
<b>NET ASSETS</b>		
Restrictive funds - Capital - Regent Park Community Health Centre (core operations)	2,795,935	3,054,083
Project funds - Regent Park Community Health Centre (core operations)	1,738,868	1,817,589
General operating fund - Pathways to Education	726,671	726,671
Scholarship fund - Restricted by donors - Pathways to Education	-	51,888
Scholarship fund - Restricted by the Board - Pathways to Education	825,907	1,240,839
Regent Park Community Health Centre Scholarship Fund - Restricted by the Board	588,402	588,402
Restricted fund - Donations - Parents For Better Beginnings	186,843	108,331
	6,862,626	7,587,803
	\$7,198,185	\$7,847,400

## REGENT PARK COMMUNITY HEALTH CENTRE

<b>RECEIPTS</b>	<b>2016</b>	<b>2015</b>
Toronto Central Local Health Integration Network		
- Base	\$6,369,233	\$6,391,486
- Non-recurring	84,200	10,000
- Diabetes Education Program	464,304	464,304
Other grants	1,658,272	1,754,704
Ministry of Education	843,464	763,003
Ministry of Community and Youth Services	-	55,342
Donations	72,296	79,693
Pathways to Education Canada	3,209,500	3,317,000
Interest income	5,672	23,483
	12,706,941	12,859,015
<b>EXPENDITURES</b>		
Salaries	7,728,790	7,935,050
Benefits	1,811,157	1,714,689
Operating expenses	2,398,113	2,403,005
Student transportation (TTC expenses) & school supplies	551,285	520,024
Scholarship expenses	481,329	553,381
Non-recurring expenditures	84,200	10,000
Amortization	291,599	298,358
	13,346,473	13,434,507
EXCESS OF EXPENDITURES OVER RECEIPTS FOR THE YEAR	-639,532	-575,492
Add: Funds from prior year net assets	639,532	575,492
<b>EXCESS OF EXPENDITURES OVER RECEIPTS</b>	<b>0</b>	<b>0</b>

Fiscal 2016 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).

# Regent Park Community Health Centre Staff 2015/2016

## EXECUTIVE DIRECTOR

Sheila Braidek

## CLINICAL

Sophie Bart, Director  
Veronica Van Dam\*, Director  
Adi Akanbi  
Ciaresse Alberto  
Rebekah Barrett  
Dimple Bhagat  
Elaine Cheng  
Victoria De Guzman  
Zeena D'Souza  
Leticia Dumlaو  
Mary Egbo-Egbo  
Anne Egger  
Dulce Felismino  
Janienne Foenander  
Sharon Gazeley  
Dan Ha  
Laura Hanson  
Teresa Hughes  
Margaret (Peggy) Lathwell\*  
Alan Li  
Joanne Louis  
Roy Male  
Vashti Mascoll  
Christine McConnell  
Dorothy McGowan\*  
Stephanie Murillo  
Katherine Nash  
Kifi Pena  
Karol Prokocki  
Victoria Qi  
Ragetha Ratnam \*  
Mina Smudja  
Nayana Somaiah  
Cinntha Srikanthan  
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  
Lesa McPherson  
Ebla Mohamed  
Sabin Mukkath  
Norma Jean Neal  
Nadia Pabani  
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  
Nisha Joshi  
Gene Lincoln  
Diane MacLean  
Klaudia Meier  
Varinia Ortiz  
Anisa Osman

Yasin Osman  
Tej Parmar  
Jasmina Pilasanovic  
Julia Porter  
Thevasunthary Rajamohan  
Anushiya Ramanathan  
Ly Ling Sychaleune  
Dorjana Vojvoda  
Zeinab Warsame

## PATHWAYS TO EDUCATION™

Sharmini Fernando, Director  
Joycelyn Amos  
Natalie Barrales-Hall  
Nils Blondon  
Nana Boateng  
Trecia Browne  
Kim Burke-Levy  
Jason Creed  
Jermyn Creed  
Dwayne Duke  
Shadi Eskandani  
Tyler Freed  
Kai Gordon  
Olando Harris  
Hishan Hassimdeen  
Jennifer Hua  
Mahbub Khan  
Jameela Krishnan  
Cecilia Lontok  
Marlene Joy Martin  
Alice Martin-Ellwood\*  
Tabassum Mehnaz  
Richard Mitchell  
Abdullahi Moalim\*  
Mumina Mohamed  
Rahma Mohamed  
Saida Mohamed  
Ashif Mohammud  
Harjot Natt  
Suzana Neves  
Marilyn Nichols  
Mallory Nievas  
Kim Outten  
Jamal Paisley\*

Karyn Pendenque  
Naomi Quarcoopome  
Sarah Rogers  
Nikhila Samuel\*  
Janet Scollard\*  
Savannah Shears  
Omar Sybbliss  
Beryl Tang  
Alexandre Vallée

## FINANCE & ADMINISTRATION and DENTAL

Kelly Kane, Director  
Nasrin Akther  
Gordon Blair  
Julia Congram  
Mark Congram  
Farbod Fanian  
Terry Fedoriuk  
Sian Ferguson  
Masoud Ghomashchi  
Wael Jalal  
Jan Milito  
Fukumi Molla  
Remy Ramos  
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

Mary Eastwood, Director  
Robin Griller\*, Director  
\* Indicates left employment at RPCHC during the year

# Thank You To Our 2015/2016 Donors and Funders

## DONORS:

A. Robidoux  
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Brenda Lazare  
Canadian Women's Foundation  
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Mr. & Mrs. Gabe Hayos  
Heroes Reborn  
Hugh O`Reilly  
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Jan Milito  
Kelly Kane  
Kirstine Stewart  
La Leche League  
Lisa Anderson  
Lucio Nerpiti & Suzan Kisa  
Lucy Brun  
Lynda Ann Franklin  
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City of Toronto - Investing In Neighbourhoods  
City of Toronto - Community Safety & Investment Programs  
City of Toronto - Shelter, Support & Housing Administration  
City of Toronto - Toronto Urban Health Fund  
Ontario Early Years Centre  
Ontario HIV Treatment Network  
Ontario Ministry of Education  
Ontario Ministry of Health and Long-Term Care - AIDS Bureau  
Ontario Trillium Foundation  
Pathways to Education Canada  
Public Health Agency of Canada  
Toronto Central Local Health Integration Network



REGENT PARK  
COMMUNITY HEALTH CENTRE

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REGENT PARK COMMUNITY HEALTH CENTRE  
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# Regent Park Community Health Centre

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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.