CONNECTION

Regent Park
Community Health Centre

2026 ANNUAL REPORT

VISION

Equitable health outcomes and social justice for the communities we serve.

MISSION

We provide comprehensive services to improve health and well-being, and work collaboratively to build healthy communities and reduce inequities.

PRIORITIES

- Advance equity-driven care
- Strengthen our community backbone role
- Expand community-based service delivery and presence
- Cultivate organizational capacity, learning, and integration

Connection is at the heart of everything we do at Regent Park Community Health Centre — connecting people to care, to one another, and to the resources and opportunities that help communities thrive. We believe that stronger connections build trust, belonging, health, and collective capacity, and are essential to creating a healthier, more equitable community.

Payam Pakravan
Executive Director

Shiran Isaacksz
Chair of the Board

Message from
The Executive Director & Chair of the Board

Good health is about more than health care. This report looks at how Regent Park Community Health Centre's (RPCHC) programs address the conditions that shape whether our community members can truly thrive: income, housing, education, employment, food, and belonging.

This past year, our Primary Health Care team focused on building the kind of relationships that make lasting care possible. We added new staff, redesigned our intake process so it doesn't itself become a barrier, and grew partnerships that enabled us to meet people where they already are. We also began reframing what a palliative approach to care can look like, guided in part by a client who asked us to get better at talking about dying.

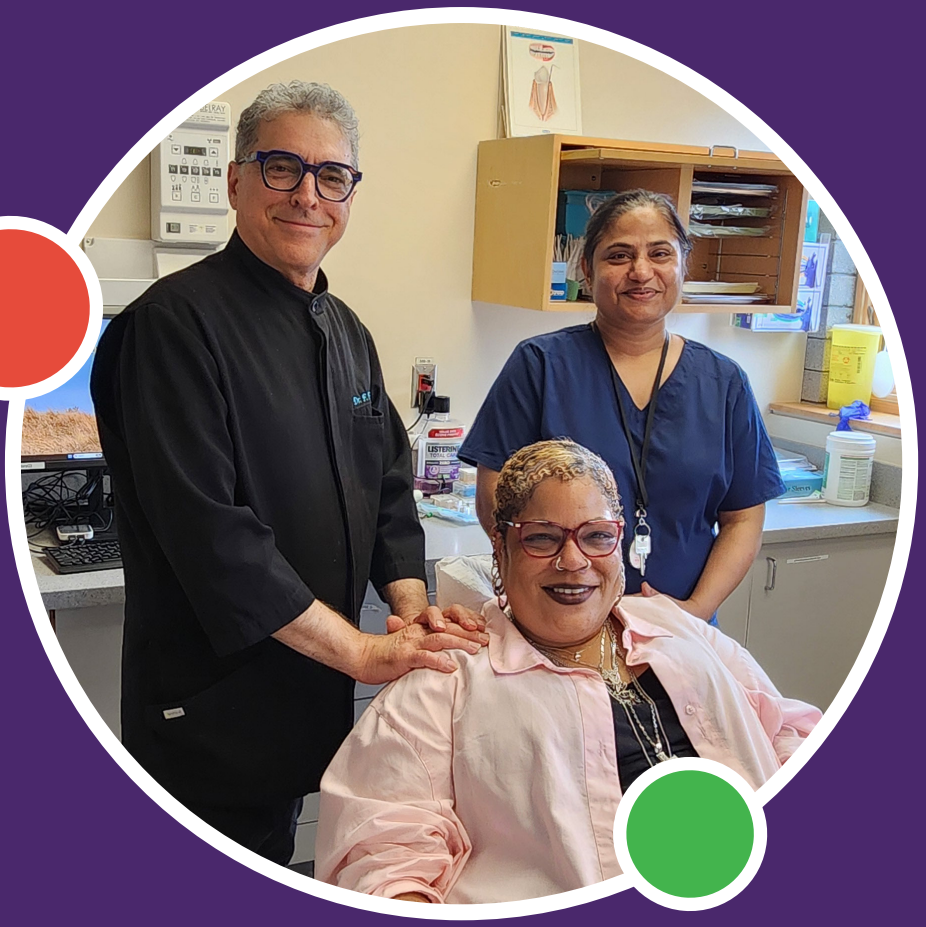
Our Health Promotion and Community Services programs continued to address the conditions that shape health long before someone walks through our doors. Students told us directly about the anti-Black racism they were facing at school, and we responded by building the Black Student Initiative around what they said they needed. We built Early Years programming's capacity to deliver the Reading Partnership, brought culturally specific care to our Diabetes Education Program, and continued opening doors to employment through JOBS4U and our newcomer training programs.

In Integrated Mental Health and Addiction Services, we worked to make support easier to find and less fragmented, bringing our social workers into one integrated team and designing better access for people seeking help. We adapted our harm reduction work through a year of significant change, deepened our partnership with the Downtown East Justice Centre, and brought group programming back as a core part of how people heal.

None of this work happens in isolation. It happens because staff, volunteers, and community members keep showing up for each other, and because our partners trust us enough to build something together. We know there is more to do. Looking ahead, we remain committed to advocating for the conditions that make better health possible for everyone in our community.

We're grateful to have you with us, every step of the way.

PRIMARY HEALTH CARE



Chiropody • Dental Care • Physiotherapy • Primary Care • Quality Care

At RPCHC, we take a broad view of primary health care, one that goes beyond just treating illness to one that addresses the root causes of poor health and removes the barriers that keep people from lasting care.

Good health starts with a relationship: someone who knows your history and notices the small changes before they become bigger ones. Last year, the Primary Health Care team focused on building attachment. That meant strengthening how we welcome people from the moment they walk into RPCHC, as well as going beyond our doors to build partnerships that meet people where they already are and making sure every relationship is a step toward lasting, trusted attachment to primary care.

REDUCING BARRIERS TO ACCESS

As part of the Ministry of Health's efforts to attach all individuals to a primary care provider, RPCHC added a new nurse practitioner and a new community health worker, growing our capacity to reach people without ongoing care. Across the province, more people are turning to walk-in clinics for care they once got from a family doctor, and this loss of ongoing, personal care becomes harder to ignore as people age. A walk-in clinic can meet immediate needs, but isn't designed to know a person's history, catch small changes as they happen, or flag concerns before they grow. Building those relationships, especially for people who have been left out of the healthcare system altogether, has been at the centre of this year's work, starting with how people find their way to us in the first place.

It started with a look at our own intake process. A traditional intake, built around a lengthy health equity questionnaire, does not work for everyone and can itself be a barrier. So, for clients we meet through our work at external partner locations, we now collect only the basics up front, and build out the fuller picture gradually, once someone is already on their way to being attached to RPCHC.

PARTNERSHIPS THAT MEET PEOPLE WHERE THEY ARE

Once a week, our team provides on-site foot care at Good Shepherd as part of the Downtown East Toronto Ontario Health Team's Lower Limb Preservation Project, now in a proper clinical space thanks to donated equipment. Every client who sees our chiropodist is asked whether they have a primary care provider; if not, our team registers them. Trust built with one provider becomes the bridge to a full relationship with another.

We also deepened partnerships built through referrals. The Toronto Birth Centre connected us with Call Auntie and Seventh Generation Midwives, who see non-status and uninsured clients and refer those without primary care to RPCHC. And at the 519, our Interprofessional Primary Care team has held a standing Friday presence since stepping in for their nurse practitioner's leave, seeing clients largely for gender-affirming care, including non-status individuals and refugee claimants seeking safety. Clients who live in our catchment area and want to, are taken on as ongoing primary care clients.

> **"Feeling like a whole person, not my diagnosis."**
>
> **—Primary Health Care Client**

What connects these partnerships is a shared approach: clients set their own priorities. That consistency is part of what makes the handover from partner to primary care feel safe rather than transactional.

A PALLIATIVE APPROACH TO CARE

This year, RPCHC engaged a palliative care coach to complete a needs assessment and begin reframing what that approach can look like, not only in someone's final months, but before. That shift has changed how we talk with clients about the future. When client Gerry Banks stood up at last year's town hall, it was to tell us that we needed to get better at talking about dying. We listened, and Gerry has since helped shape the changes that followed.

Something Better Than Silence

By Gerry Banks

I'm dying. I've noticed people go quiet around me because of it, not because they don't care, they just don't know what to say. I asked RPCHC to build something better than silence.

Living with COPD can feel unpredictable. To me, palliative care is about living as well as possible for as long as possible: breathing comfort, emotional reassurance, and having a clear plan so I'm not left guessing. The Primary Health Care team at RPCHC truly knows me, and that has made all the difference. I'm not repeating my story every visit, they already understand my history, my breathing patterns, my challenges, and what helps me stay steady. That relationship-based care has given me confidence, stability, and a sense of being supported rather than just treated.

After my speech, so much resonated with so many that it made me feel like I had accomplished something worthwhile. From RPCHC, I hope to continue receiving honest conversations, guidance, and practical support that helps me manage day to day. It isn't about giving up, it's about making life manageable and meaningful.

Gerry Banks has been part of the Regent Park community for many years. Friends, staff, and volunteers describe him as fun, fashionable, deeply kind, and a fierce advocate for himself and the people around him.

HEALTH PROMOTION & COMMUNITY SERVICES

Black Community Initiatives • Diabetes Education • Early Years • JOBS4U Newcomers Program • Pathways to Education

The Health Promotion and Community Services team works from the understanding that health is shaped by more than access to care. Discrimination and racism are among the social determinants of health we name directly. We know experiences of oppression don't only limit access to services; they affect mental health, physical health, and community engagement. Several of this year's initiatives were designed specifically with Black community members in mind. At the same time, staff were careful that these programs weren't only about addressing harm, they also created space for pride, connection, and celebration.

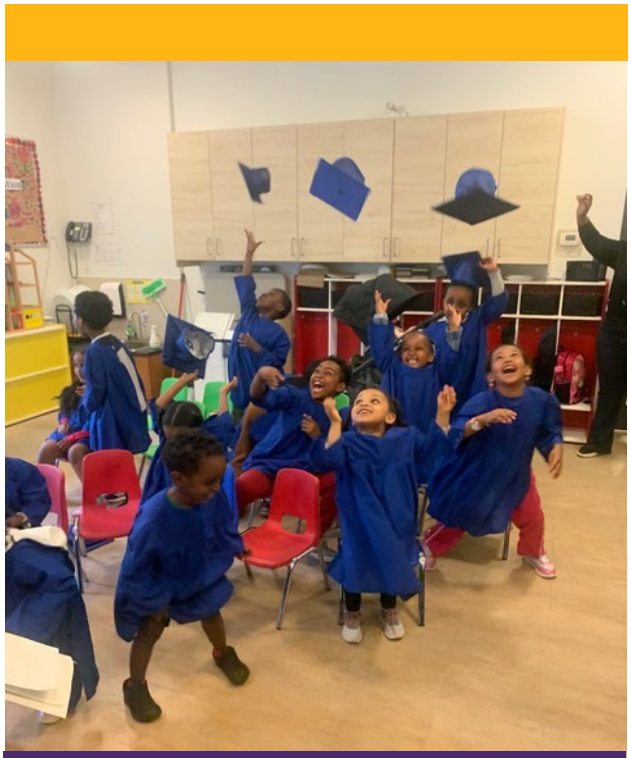
This year also brought a shift in how the team works with community: from gathering feedback to inviting people to shape and deliver it themselves. A new role of Community Engagement Coordinator has been central to that shift. That work is reflected across several of our team's initiatives.

NAMING RACISM AS A HEALTH ISSUE

Pathways to Education staff heard directly from students about the anti-Black racism they were experiencing at school. In response, the team developed the Black Student Initiative (BSI), modelled loosely on school-based Black Student Associations but built specifically for Pathways students, who come from many different schools across the city.

Staff ran a focus group with about 20 Black youth, asking about their experiences, their needs, and their own ideas for addressing them. Students spoke of anti-Black racism and feeling unseen, at school and in public. They kept coming back to RPCHC for staff they trusted, real support, and a space where they felt safe and welcomed. Going forward, BSI is designed to be youth-led (supported by staff), with a small group of students organizing activities for their peers.

During Black History Month, a new theatre and spoken word workshop, facilitated by NIA, a Black arts organization, gave youth a chance to perform at what staff described as a packed, celebratory event. It's a reminder that addressing racism isn't only about naming harm, it's also about making space for joy, creativity, and celebration.



SUPPORTING FAMILIES FROM THE START

The Reading Partnership, a literacy program for Black children ages 4 to 6, works by building parents' and caregivers' own capacity to support their children's learning, rather than bringing in outside staff to work directly with the kids. The program moved from a virtual format to in-person delivery this year and has completed two cohorts so far.

The program also saw a change in its funding model. Rather than the Reading Partnership organization delivering the program directly, RPCHC's Early Years team was trained to deliver it going forward, with the Reading Partnership continuing in an advisory and training role.

> **Before joining the literacy program, I wasn't sure how to support my child's learning. Through the sessions, I gained practical strategies and feel more confident reading with my child at home. I also feel less isolated and more connected to other families."**
>
> **— Reading Partnership parent**

Two other initiatives also grew this year, expanding both community skills and services. In partnership with Mino Care, graduates from the Black Doula Project provided increased access to prenatal and postnatal services to community members. The Child Care Provider Training Program, now in its fourth cohort, continued to train immigrant and newcomer women for careers in childcare. Both programs meet a real community need in early childhood and perinatal support, while also building the skills and networks participants need for paid work. Several graduates have gone on to childcare or doula work, both inside and outside the community.

CULTURALLY SPECIFIC CARE FOR CHRONIC DISEASE

RPCHC's Diabetes Education Program (DEP) ran its first series of workshops focused specifically on Black clients, responding to the higher incidence of diabetes among people of African descent. Unlike the program's usual one-off sessions, this was a connected series of five sessions, combining diabetes prevention education with nutrition support and food vouchers, delivered in partnership with the Primary Care team. Looking ahead, the DEP plans to move from staff-only delivery to training community members from the populations being served, specific linguistic or ethnocultural groups, as "DEP peers" who would help deliver programming alongside staff.

OPENING DOORS TO EMPLOYMENT

RPCHC's youth employment program expanded through new JOBS4U partnerships that gave participants greater access to resources and skills training.

Employer's Perspective

MPCO Law Professional Corporation

When we first heard about JOBS4U, we weren't sure it was the right fit for a firm like ours. We handle a lot of confidential client information, and we were, understandably, a little hesitant to bring someone new into that.

Once we brought someone on, it became clear the concern wasn't necessary. Our first participant helped us work through a backlog of case files that needed to be organized, signed, and scanned into client records, work we'd been meaning to get to for a year. She was also fluent in Arabic, which turned out to be a real asset. We work with Arabic-speaking clients, and our staff had sometimes struggled with something as simple as getting an email address from them. Having her on the team solved that right away.

Yes, there's some upfront investment. Some participants, especially those newer to Canada, may not yet be familiar with basics like what a postal code is or what CRA stands for, things our staff take for granted. That takes a bit of patience and explanation but it's a small ask, and it pays off quickly. The people we've worked with have been sharp, motivated, and quick to learn.

To any employer weighing whether to get involved: the benefit runs both ways. It's a small commitment for what you get back, for your business and for a young person's future.

- **255** group sessions delivered, including the Vietnamese Sleep Hygiene Support Group, Homework Club, Adult ESL, Multicultural Women's Group, East African Men's Group, among others.
- **2** Reading Partnership cohorts delivered for Black families, totalling **19** sessions and engaging **23** children and **22** parents.
- **568** students registered in the Pathways program, including over **1,500** one-on-one tutoring sessions for **186** students and mentoring that reached **362** different students.
- **40** youth served through JOBS4U, with **85%** securing employment or self-employment and **95%** transitioning to employment, education, or continued programming.

INTEGRATED MENTAL HEALTH

Downtown East Justice Centre • Harm Reduction • HART Hub • Social Work

We take a comprehensive approach to mental health. Beyond just treating illness, we seek to address the root causes of poor mental health (poverty, housing instability, isolation, and trauma) and work to remove the barriers that keep people from the care they need.

This year, that work took shape across several programs: a fully staffed interdisciplinary team at the HART Hub (Homelessness and Addiction Recovery Treatment Hub), the re-establishment of group programming as a core part of how we support people, a justice program built around addressing the underlying drivers of criminal involvement, and an advocacy agenda that named housing, harm reduction, youth employment, and equitable access to care among its priorities.

INTEGRATED CARE, LOW-BARRIER BY DESIGN

The HART Hub was created to bring health care, mental health, substance use treatment, outreach, and social supports together for people experiencing homelessness and other complex challenges in Downtown East Toronto.

Co-led by RPCHC and Fred Victor, and supported by five partner community agencies who are affiliated with the Downtown East Toronto Ontario Health Team, the Hub is built around a collaborative model that connects clients with an interdisciplinary team (including nurse practitioners, registered nurses, social workers, community health workers, peer workers, and outreach staff).

This year marked an important milestone as the Hub reached full clinical staffing, strengthening its ability to provide timely, low-barrier access to care through both scheduled appointments and same-day drop-in services. Clients can access primary care, addictions medicine, mental health counselling, care coordination, referrals to housing, withdrawal management, residential treatment, and other recovery supports in one place. Alongside direct care, the team continues to respond to the toxic drug crisis by expanding naloxone distribution and overdose response training, and working closely with community partners to coordinate services. Staff also trained this year in SMART Recovery*, laying the groundwork to bring peer-based recovery supports into supportive housing.

*Self-Management and Recovery Training is an evidence-based peer support model built on self-empowerment and personal agency.

A RETURN TO GROUP PROGRAMMING

Isolation can be a barrier to health. People heal not only one-on-one, but in community. This past year, RPCHC re-established a broad range of group programming, creating multiple pathways for people to connect, build skills, and access support.

At the base are low-barrier groups that foster connection and engagement. These include SMART Recovery, a peer support group for people working on their relationship with substances; a social recreation group that reduces isolation; a drop-in space for sex workers; and a housing search group that helps participants navigate everything from apartment viewings to understanding leases.

For those requiring more structured therapeutic support, the HART Hub and Social Work team expanded their clinical group offerings. Dialectical Behaviour Therapy (DBT), Seeking Safety, and Anger Management groups provide evidence-informed interventions that help participants develop coping skills, regulate emotions, process trauma, and strengthen relationships.

Recognizing that meaningful care is also culturally responsive, staff introduced a Vietnamese mental health education series and ADDA, a support group for Bengali women. These groups provide culturally safe spaces where participants can connect through shared language, culture, and lived experience.

ADVOCATING FOR THE CONDITIONS THAT SHAPE MENTAL HEALTH

RPCHC's Advocacy Committee, newly restructured to include resident co-chairs alongside staff, set homelessness and housing, harm reduction, youth employment, and access to health care for non-status people as its priority areas. What had previously been led by staff working with the homeless population, is now agency-wide, with representation across departments and their clients. The committee is now working to shift from discussion toward more concrete action on those priorities.

Night and Day

By Ian Chung

I couldn't afford my rent anymore. I stayed at a friend's place for a bit and tried the shelter system, but shelters and me don't mix well. The street felt safer and more comfortable.

Someone must have told me about the Regent Park Community Health Centre when I was talking about my health challenges. I knew I needed more consistent support to manage my diabetes, problems with circulation in my legs, and other health issues. From the first day I met the nurse practitioner, everything started to get better. He took good care of me, right down to handling my Ontario Works and Ontario Disability Support Program paperwork himself. I've also sat in on some of the group sessions at RPCHC. I haven't told my own story there yet, but the support sessions for drug use and street living have been helpful.

My nurse practitioner connected me with a caseworker at one of the HART Hub partners. She made the calls, did the research, handled everything behind the scenes. Within six weeks, I was approved for the apartment I live in now. It's been a game changer. Last winter I slept on concrete floors. Comparing that to where I live now is night and day. I'm still adjusting, still trying to wrap my head around not having to worry about where I'm going to eat or sleep.

I have been upfront with everyone from the start about my drug use, including how often I use, how dependent I am, and that I am trying to work my way out of it. The whole team has been supportive, not judgmental, about where I'm at.

Where I want to go from here is full independence with my own place without government assistance and off the drugs I'm still on. I haven't been on them long, so I'm hopeful. I think anything's possible.

Ian's story reflects what the HART Hub model is built to do: bring primary care, case management, and community partners together around one person, so that someone moving from homelessness and substance use toward housing, health care, and recovery has a coordinated team behind them.

HARM REDUCTION: ADAPTING TO A CHANGING LANDSCAPE

It was a year of significant transition for the Harm Reduction Program, with the team shifting its focus toward strengthening partnerships and coordinating community-based harm reduction services. Staff developed relationships with organizations such as Street Health, St. Jude Community Homes, Coderix Medical Clinic, and Maxwell Meighen Centre to support harm reduction programming and improve access to services across the Downtown East.

As staff became more mobile, they also played a key role in strengthening coordination among agencies providing harm reduction services. This included contributing to a shared outreach calendar and mapped outreach coverage, helping reduce duplication and ensuring more consistent support across the community. Harm reduction workers remain central to building trust, reducing stigma, and connecting people to care.

- **785** unique clients seen through the HART Hub across Primary Care and Case Management, plus **468** reached by our **5** partner agencies.
- **322** unique Social Work clients, supported through **42** groups.
- **1,314** safe supply kits distributed in the community.

A COMMUNITY-BASED APPROACH TO JUSTICE

Involvement in the justice system is usually rooted in poverty, housing instability, mental health, and substance use, not just legal circumstance. Unlike traditional diversion programs, which typically happen after sentencing, the Downtown East Justice Centre is a pre-sentence diversion program. By hosting virtual court onsite, RPCHC lets clients attend court in a supportive setting while accessing health care, mental health services, addictions support, and housing assistance at the same time.

> **"The success of the Downtown East Justice Centre lies in the strength of its partnerships with local, community-led, organizations like Regent Park Community Health Centre. Informed by their leadership, this community court model is able to promote access to justice for those hardest to reach in a low-barrier, community-based setting with support from welcoming and experienced staff. The Justice Centre team is thankful to RPCHC for their ongoing support, guidance, and contribution as we continue to reimagine the community-justice interface."**
>
> **— Ministry of the Attorney General, Downtown East Justice Centre Team**

Led by the Ministry of the Attorney General, the Downtown East Justice Centre brings together local agencies to provide coordinated, wraparound support, including housing supports, developmental and acquired brain injury services, mental health case management, and gender-responsive services for women. This allows us to reach people who are often unhoused or precariously housed and have no fixed address, phone, or email to stay connected to care through conventional means.

Regent Park Community Health Centre

Statement of Receipts and Expenditures

For the period April 1, 2025 to March 31, 2026

	2026	2025
Receipts		
Ontario Health - Toronto Region	$ 16,865,565	$ 10,346,959
Ministry of Health	$ 110,496	$ 1,267,710
Health Canada	-	$ 576,723
Employment and Social Development	$ 556,709	$ 212,110
EarlyON	$ 988,549	$ 1,132,392
Other Government funding	$ 718,552	$ 983,433
Pathway to Education Canada	$ 1,944,600	$ 1,944,600
Foundations and other not-for-profits	$ 31,233	$ 100,263
Investment income	$ 120,941	$ 253,930
Other receipts	$ 1,070,570	$ 810,967
	$ 22,407,215	**$ 17,629,087**
Expenditures		
Expenditures	**$ 20,110,258**	**$ 17,276,560**
Excess of receipts over expenditures before refunds to funders	**$ 2,296,957**	**$ 352,527**
Amount refundable to Ontario Health - Toronto Region - Core Operations	$ (2,271,233)	$ (5,653)
Amount refundable to the Ministry of Health		$ (63,179)
Excess (deficiency) of receipts over expenditures for the year	**$ 25,724**	**$ 283,695**

Regent Park Community Health Centre
Statement of Financial Position
As at March 31, 2026

	2026	2025
Assets		
Current		
Cash	$ 4,644,404	$ 5,123,485
Accounts receivable	$ 280,780	$ 802,164
Investments due within 12 months	$ 1,025,999	$ -
Public Service Bodies Rebate receivable	$ 240,282	$ 232,692
Due to (from) funds	$ -	$ -
Prepaid expenses	$ 91,946	$ 90,392
	$ 6,283,411	**$ 6,248,733**
Long-Term		
Investments	$ 3,047,332	$ 1,519,218
Capital assets	$ 2,212,785	$ 2,181,136
	$ 5,260,117	**$ 3,700,354**
Total Assets	**$ 11,543,528**	**$ 9,949,087**
Liabilities		
Current		
Accounts payable and accrued liabilities	$ 954,463	$ 643,620
Deferred revenue	$ 343,694	$ 851,341
Due to Ontario Health - Toronto Region	$ 2,276,886	$ 447,215
Due to Ministry of Health - Consumption and Treatment Service	$ 164,591	$ 227,770
Due to other funders	$ 1,721	$ 2,692
Due to City of Toronto - EarlyON	$ 19,665	$ 19,665
Due to City of Toronto - Innovation	$ 2,518	$ 2,518
	$ 3,763,538	**$ 2,194,821**
Net assets	**$ 7,779,990**	**$ 7,754,266**
Total Liabilities and Net Assets	**$ 11,543,528**	**$ 9,949,087**

These financial statements are derived from the audited financial statements of Regent Park Community Health Centre for the year ended March 31, 2026. The summary does not include all the information required by Canadian accounting standards for not-for-profit organizations. Complete audited financial statements, together with the independent auditor's report, are available upon request.

OUR SINCEREST GRATITUDE

Your ongoing commitment allows RPCHC to address the complex needs of today and plan for a healthier tomorrow.

FUNDERS

City of Toronto
Community Food Centres of Canada
Employment & Social Development Canada
Ontario Ministry of Health
Ontario Health - Toronto Region
Pathways to Education Canada
Public Health Agency of Canada - Federal Government

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Canadian Institute of Food Safety
Casey House
Chaplin & Co LLP
Coderix Medical Clinic
Computek College
COTA Health
Covenant House
Credit Canada
Downtown East Toronto Ontario Health Team

COMMUNITY PARTNERS CONTINUED

Dixon Hall
Eden Homes
EllisDon Corporation & Abeel Foundation
Family Psychology Centre
Fanshawe College
Financial Literacy and Entrepreneurial Society Hub
Fred Victor
Gerstein Crisis Centre
Global Medics
Good Shepherd
Habitat for Humanity (GTA)
Haven Toronto
Heaven Can Wait
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Humber Polytechnic
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Lang Leadership Lab
LOFT
Maple Leaf Sports and Entertainment
Margaret's
Maxwell Meighen Centre
Merit Ontario
Ministry of the Attorney General
Mino Care
Moss Park Pharmacy
Neighbourhood Group Community Services
North Service Developments
Ontario Black Contractors Association
Ontario College of Arts and Design
PeaceBuilders
Play Forever
Progress Place
Project Canoe
Queen's University
Reading Partnership
Regent Park Community Centre
Right to Food
Ritz Carlton Hotel (Toronto)
Robertson House
RP Residents Association
SEAS Centre

COMMUNITY PARTNERS CONTINUED

Seneca College
Service Canada
Seventh Generation Midwives Toronto
Shad Canada
Skills Ontario
Sky's the Limit
Smarco Building Solutions Inc.
Sojourn House
South Asian Women's Centre
St Michael's Homes
St. Jude Community Homes
Street Health
Surrey Place
The Neighbourhood Organization
The 519
TNG Community Services
Toronto Birth Centre
Toronto Community for Better Childcare
Toronto District School Board
Toronto Drop-in Network
Toronto Kiwanis Boys and Girls Club
Toronto Metropolitan University
Toronto Public Health
Toronto Public Library
United for Literacy
United Way Greater Toronto
Unity Health
University Health Network
University of Toronto
Wanasah
Working Women Centre
YMCA of Greater Toronto
Yonge Street Mission
York University

Funders, donors, and community partners recognized in this roster made contributions and worked alongside RPCHC between April 1, 2025 and March 31, 2026. We regret any unintended errors or omissions. In the event of an error or omission, please contact us at info@regentparkchc.org.

OUR BOARD OF DIRECTORS

April 1, 2025 – March 31, 2026

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Suhayb Shah
Anjum Sultana

OUR VALUES

INTEGRITY
We commit to being respectful, compassionate, and accountable to each other, our clients, community members, and partners.

COMMUNITY OWNERSHIP
We build community leadership because our community is strongest when community members identify and advance their priorities.

EQUITY
We break down barriers to access, celebrate our diversity, foster inclusive communities, and oppose racism, discrimination, and oppression everywhere.

EXCELLENCE
We embrace effective practices, work collaboratively, and create and deliver services that bring the greatest value to our communities.

Regent Park
Community Health Centre

REGENT PARK COMMUNITY HEALTH CENTRE
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EARLY YEARS PROGRAM

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RPCHC is a proud member of the Alliance for Healthier Communities

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