

# South Riverdale

## COMMUNITY HEALTH CENTRE



### strategic directions

#### We are committed to

**Equity** – providing comprehensive health care to address the diverse health needs of our community. **Advocacy** – playing a leading role in advocacy to improve the health of the communities we serve and to secure support for Community Health Centre programs and services. **Access** – ensuring that our clients and all residents in the community access the services most suited to their needs. **Partnerships** – developing and nurturing both internal and external partnerships in order to improve the health of the communities we serve.



### our values

#### We believe in

**Equitable Access** – creating an environment that is sensitive, responsive and does not judge, in order to provide equitable access to services, supports and other resources. **Respect** – an environment free from discrimination and harassment, where respect and tolerance are practised and upheld. **Active Partners in Health** – working together with: individuals and groups to achieve the best health possible; organizations and agencies to make the community as healthy as possible; and the community to develop and maintain community participation in program planning and development of the SRCHC. **Meaningful Community Involvement** – communities that can work on issues affecting their health and that the role of the South Riverdale Community Health Centre is to support our community in its work. **Social Justice** – the dignity and self-worth of all people and advocate for the right to peace, security, safe affordable housing, education, food, income, respect for the environment, good health care, social justice and equity. **Holistic Approach** – diverse approaches to achieving good health.



# ANNUAL REPORT

April 2006–March 2007

# HIGHLIGHTS

**APRIL** The Primary Care Asthma Pilot Project receives ongoing funding and expands into the Regent Park Community Health Centre.

SRCHC staff assist the Riverdale Coalition Against Violence in organizing its 11th forum, Inspiring Potential.

A community outreach worker is hired to help clients with diabetes get access to community resources.

**MAY** COUNTERfit coordinator Raffi Balian receives the national Rolleson Award at the International Conference on Drug-Related Harm in Vancouver.

Community members help us plant an ecology garden at the east side of the Centre.

A Centre chiroprapist presents the first of three sessions about chiropody in a community health centre, at the Canadian Memorial Chiropractic College.

**JUNE** More than 100 people attend SRCHC's annual general meeting. Three new directors are elected.

Community Health Ambassadors conduct Heart Healthy Living workshops at Amelie House, a transition house for women. Later, they would visit the Blake Boulbee Community Centre and Margaret Frazer House.

**JULY** Dietitians and nutrition students survey elementary schoolchildren and parents about school lunches and snacks, and conduct a focus group with Chinese parents.

A nurse is hired to coordinate the health clinic's day-to-day operation.

**AUGUST** SRCHC is a host site for the 16th International AIDS Conference, held in Toronto. Delegations from around the world come to observe our harm reduction program.

A lifeskills training program for marginalized youth is held in conjunction with Dixon Hall. The first program was held in May.

**SEPTEMBER** Breast health resources are published in Korean and Urdu.

SRCHC's Board approves a \$1,000 community grant from the Special Purpose Fund to enable the Toronto Energy Coalition to distribute information about the Portlands Energy Centre.

More than 400 people attend our 30th anniversary Open House celebrations.

**OCTOBER** A central intake process is implemented to simplify access for new clients.

A new demographic profile of our catchment area helps the Board determine community needs and priorities.

SRCHC social workers take part in a new East Toronto community partnership for agencies working for people who have concurrent drug and mental health issues.

**NOVEMBER** A hepatitis C pilot project begins in partnership with Dr. Jeff Powis, the Toronto East General Hospital, Regent Park Community Health Centre and Street Health.



# Complexity is th

## Life was simpler 30 years ago, wasn't it?

Certainly the South Riverdale Community Health Centre was less complex. Thirty years ago the fledgling centre was operated by a small group of committed clinicians, a hands-on board of directors, and a group of community activists who knew that a healthy environment was crucial to good health.

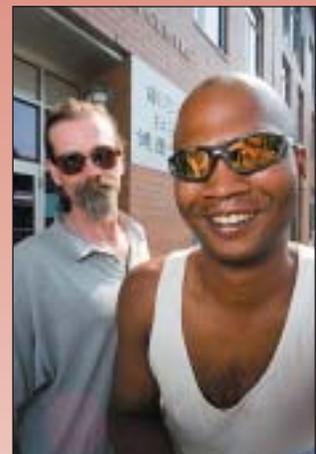
Fast forward to 2006. Toronto's population has more than doubled. We have one of the most culturally diverse populations in the world, with a wide range of education and income levels. There are more seniors, newcomers, homeless people, disenfranchised youth and people living below the poverty line than ever before. Environmental concerns are growing.

As our community's needs evolved, the Centre's programs and services became more complex. In addition, provincial monitoring of community health centres became more demanding, with formalized systems of accountability and accreditation, requiring program audits, evaluations and sophisticated data collection.

Some changes encouraged transparency, accountability and collabora-

tion. Others, however, added a non-negotiable layer of complexity.

The biggest change came when the government regionalized health care and established Local Health Initiative Networks, or LHINs. As of April 2007 our primary funder is no longer the Ministry of Health, but the new Toronto Central LHIN. We must now align our goals and compete for funding within the new structure.



## Health care

The clinical health team is busy – but it does not work alone.

To provide flexible, responsive care, doctors and nurse practitioners work with our social workers and social service workers, chiroprapists, dietitians, health-promotion and harm-reduction workers. They've established community partnerships with organizations such as Fifty Fingers, a family physician group that provides obstetrical care, the Toronto Urban Health Alliance, for psychiatric consultations, and the Midwives Clinic.

They've also developed expertise and innovative approaches to chronic conditions such as asthma, hepatitis C and diabetes.

"We are charged with providing equitable access to health care for people with complex and often chronic needs," says Kathleen Foley,

PRIMARY HEALTH CARE is the core of the South Riverdale Community Health Centre, yet we often take it for granted.

As well as making more than 1,000 home visits a year and seeing patients at the Centre, the clinical team provides services for harm-reduction clients and works in local shelters. They also provide support to health promotion programs, help run breastfeeding clinics and operate an urgent-care clinic five days a week plus a 24-hour on-call service every day of the year for registered patients.

# e new reality

Almost 300 agencies belong to our LHIN, including hospitals, mental health and addiction agencies, community support services, long-term care homes and community health centres.

Since 2005, the Centre has been helping develop LHIN values and practices that respond to general and specific populations. The 2006 Toronto Central LHIN plan reflects the Centre's concern with social and health determinants, and with equi-



ty and access. Currently, we sit on the new LHIN's Energy and Environmental Council.

**We're still listening to you.** Our operational style has always been to respond to local issues within a broad context, to be proactive and to build partnerships. The people within our community, in all their diversity, still have our full attention.

Staff are still responsible for programs, while volunteers, clients and members provide ongoing feedback. The board of directors – people who live and work in Riverdale – set strategic plans and policy. The chair, vice-chair, executive director and management team bring community concerns to the board. Meetings with community members, politicians, neighbours and partners address concerns and explore solutions.

Ultimately, our goal is to engage our diverse community and to provide the services they need.

Was life simpler 30 years ago – or are we simply more aware of life's complexities? Either way, the Centre will continue to change with the times.

# remains at the core

manager of health services. "If we're going to help, we have to consider the context of their lives."

Clients' health is frequently affected by poverty, homelessness, mental health and drug problems, or language, immigration and cultural issues. Every patient has a story.

For example, an elderly woman living alone may be depressed and have interacting health problems, such as emphysema, a heart condition and mobility difficulties. During a home visit, a clinician can hear her story and assess the support that she needs.

A homeless man with diabetes symptoms has little chance of

managing his illness if he lacks an adequate income or stable housing.

A pregnant woman living in a refugee shelter needs care to ensure a healthy pregnancy and baby. But as she speaks only Tamil and suffers post-traumatic stress, she also needs emotional and practical support to build a new life.

"Numbers just don't tell the story," says Foley. "People do. And if we're going to be effective, we must first listen."

"As a community health centre, we can allocate the time that clients need," she adds. "Our challenge is to provide services for both individuals and the community, and to offer the best care we can."



**NOVEMBER** (continued) Specialized case manager and health planner positions become permanent.

The first of two flu clinics is held. In all, 420 people receive inoculations during the flu season.

The Joy Luck Women's Project: Building Breast Healthy Communities receives two-year funding and launches its third phase.

Citizens for a Safe Environment recognizes SRCHC's recycling program with an award. Also this year, an energy audit is initiated to determine best practices.

**DECEMBER** Early-years JumpStart staff hold a Healthy Child Screening Day at Bruce Public School.

SRCHC participates in community safety committee for the Toronto Drug Strategy Work Group.

Environmental health promoter Ann Philips receives a Vital Signs award from the Toronto Community Foundation for her innovative work.

A flu pandemic work group is established.

**JANUARY** More than 60 people attend SRCHC's Health Promotion Fair at the Centre.

The second Healthy Lifestyles group begins for adults interested in healthy eating and exercise.

REAL Girls aged 11 to 15 attend a series of workshops on healthy eating and self-esteem.

**FEBRUARY** More than 35 women who use drugs and/or are sex workers in South Riverdale are interviewed about health and safety concerns.

Four South Korean health policy delegates come to learn about SRCHC's community-based health services.

SRCHC Board endorses the *Don't Ask, Don't Tell* campaign to protect newcomers to Canada. This year, the Board also advocates higher minimum wages and special diet rates for those receiving disability allowances.

**MARCH** The Women's Harm Reduction and Community Safety Project reports that while every woman interviewed experienced violence, none reported it.

Staff competing in Iron Chef, a healthy eating cooking competition, are featured in local media.

SRCHC initiates meetings and hosts a film night about a WalMart store proposed for Eastern Avenue.

The South East Toronto Bicycle User Group (BUG) conducts a safety audit on a proposed cycling lane on Leslie Street to the Martin Goodman Trail.

The Portlands Action Committee continues to meet with the Waterfront Corporation, city planners, residents and interest groups.

# COMMUNITY PARTNERS

Action for Children Today and Tomorrow • Alternatives, East York Mental Health

• Applegrove Community Complex • Association of Ontario Health Centres • Bridgepoint Health • Canadian Association of Physicians for the Environment • Canadian Cancer Society • Canadian Environmental Law Association • Canadian Memorial Chiropractic College • Canadian Partnership for Children's Health & Environment • Chinese Canadian National Council, Toronto • Chinese Family Services of Ontario • CHC Executive Directors Network of Ontario • CHC Network of Greater Toronto • Community Care East York • East End Community Health Centre • East Toronto Community Legal Services • East York East Toronto Family Resources • Eastview Neighbourhood Community Centre • Indoor Air Quality Workgroup • Jean Tweed Centre • Jimmie Simpson Recreation Centre • Legal Aid Ontario, Homeless Access and Referral Project • Lung Association • Massey Centre for Women • Metro Toronto Chinese and Southeast Asian Legal Clinic • Mount Sinai Hospital, Breast Health Program • Mustard Seed • Ontario College of Family Physicians • Ontario Healthy Communities Coalition • Ontario Public Health Association • Parent Resources – Family Resource Programme • Ralph Thornton Centre • Red Door Shelter • Regent Park Community Health Centre • Riverdale Coalition Against Violence • Riverdale Community Development Corp. • Riverdale Community Midwives • Riverdale Interpreters Services • Ryerson University • Sherbourne Health Centre, The Health Bus • Society of St. Vincent de Paul, Amelie House • South Riverdale Child-Parent Centre • St. Michael's Hospital • Street Health • The Midwives Clinic • Toronto Central Community Care Access Centre • Toronto Drug Strategy Secretariat • Toronto East Counseling and Support • Toronto East General Hospital • Toronto Oral Health Coalition • Toronto Public Health • Toronto Urban Health Alliance • Toronto-Danforth Early Years Riding Table • University of Toronto • Women's College & Health Sciences, Environmental Health Clinic • WoodGreen Community Services



## VOLUNTEERS

Phyllis Arthur-Wong	Janet Mackenzie-Cohen
Mandana Attar Zadeh	Neil Mathur
Diane Binagana	Deborah McKinley
Laila Boulos	Joy Miko
Tory Bowman	Gayathri Murthy
Christy Brissette	Lynda Myung
Lisa Brown	Jane Ng
Geraldine Castle	Rita Ng
Marie Chanvey	Toral Patel
Grace Cheng	Jillian Paul
Sue Chin	Ralph Peeling
Anne Christie	Jim Penman
Donna Cohen	Theresa Penman
Peggy Colacci	Ron Penwarden
Mike Colacci	Elsie Petch
Frank Crichlow	Dahlia Phillips
Michael Descouteau	Stefan Premdas
Nicole Donaldson	Ruby Puni
Andrew Dopwell	Doug Richardson
Mary Dwyer	Tina Roberto
Erin Fleming	Dorothy Rusoff
Lori Franklin	Joanne Sabei
Monika Goodluck	Diedre Shepherd
Natalie Greenidge	Butch Silver
Christy Griffin	Manni Stefanidis
Derek Harper	Juno Stewart
Sherri Helsdingen	Linda Stewart
Katie Ho	Maggie Su
David Holteen	Monica Sue
Harold Howe	Faiza Tariq
Alvin James	Andrea Thompson
Michelle Janutka	Ian Towers
Kim Jardine	Derek Tuck
Muriel Kennedy	Chai Jim Vuong
Anne Kerr	Meling Wang
Barbara Knorr	Cheryl White
Veena Kumar	Natasha Williams
Thelma Lawrie	Diana Wiwa
Laurie Lawson	Dr. Jia Hui Wong
Greg Lebel	Helen Wong
Kwok Wah Leung	Rose Wong
Al & Norma Levitt	Selam Yohannes
Shirley Lo	

\* resigned during year

## STAFF

**Health Promotion Team:** Linda Bensette • Gigi Chang • Connie Cheung<sup>‡</sup> • Wanda Georgis • Rebecca Higgins • Grace Ho • Theim Hoa •

Gurpreet Karir • Caroline Klemens\* • George Kung • Phyllis Lam • Alice Lee • Louisa Lee • Suan Lee • Jing Li\* • Belinda Lo • Stephanie MacLaren • Donna McPhee • Eric Ng • Carol Park • Ann Phillips\* • Alex Rudder\* • Golnaz Salehi-Kani • Caryn Thompson • Mary Lynn Trotter • Sara Tryon • Ngoc Anh Tsan • Mabel Wang • Jackie Weng\* • Julie Wong • Carol Xiang • Lihua Xiong\* • Paul Young • Yen Mui Yu • Debby Yuke • Zhiguang Zhang\*

**Health Services Team:** Woon Ananda • Jane Boudebab\* • Pamela Braithwaite • Louise Chan\* • Marianne Cheetham • Karen Chu • Olivia Feather\* • Kit Fung • Louis Girard\* • Fiori Lee • Keri MacFarlane • Zoe McPhee • Jorie Morrow • Jocelyn Reyes • Mel Scott • Peter Tsang • Stephen Tulk • Angela Wong

**Urban Health Team:** Raffi Balian • Molly Bannerman • Donna Cohen • Frank Crichlow • Ingrid Daley\* • James Hay • Daina Hodgson • David Holteen • Vennisha Jackson • Sang Won Kim • Jungle Ling • Lucy Liscio • Flora Lo • Elizabeth Mico • Leah Palmer • Ashley Rinder • Kathleen Schlifer • Butch Silver • Kristina Ulicki • Rose Williamson • Patricia Wilson • Bonnie Wong\* • Susan Woolhouse

**Management:** Jason Altenberg • Catherine Fergusson\* • Kathleen Foley • Maria Lee • Lynne Raskin • Shannon Wiens

**Organizational Health Systems:** Vicki Butterfield • Keisa Campbell\* • Jane Francis • Ruth Gibson • Vivi Gordon • Anjali Joshi • Lisa Kha • Mary Lyver • Melissa Tapper

<sup>‡</sup>on leave \*no longer with SRCHC

## An involved community

- This year, **91** SRCHC volunteers contributed more than **10,316** hours to program development, coordination and implementation.
- Volunteers in the Community Health Ambassadors Project facilitated **43** healthy heart workshops for more than **500** people.
- **32** trained COUNTERfit volunteers provided peer support.

**2,206** people met with a doctor, nurse practitioner, dietician, chiropodist or social service worker during **19,152** visits.

**1,900** people received primary care from doctors and nurse practitioners during **12,222** visits.

**842** clients used chiropody services, with an average of **4.7** visits per person.

**266** clients saw social workers, making **2,296** visits.

**9,470** people attended **496** sessions of **56** health promotion groups.

**4,264** people (**1,603** families) participated in **12** early-years JumpStart programs in **11** locations.

**33%** of groups were Cantonese- or Mandarin-speaking.

The Joy Luck Women's Project held **34** breast health workshops for **439** women. **43** community workers from other organizations were trained, reaching **600** women in the Cantonese, Mandarin, Urdu, Korean, and Vietnamese communities.

The Diabetes Network (DEC NET) sends a monthly newsletter to **34** agencies serving newcomers and mental health survivors.

A peer outreach worker gave information and support to **51** clients with diabetes during **304** encounters.

**25** Good Food Boxes of fresh produce are ordered per month. Two boxes a month are donated to clients and families in need.

**1,355** new clients used diabetes education and support services.

**465** new clients accessed the COUNTERfit harm reduction program; total clients number about **1,500**.

**172,636** needles were distributed to harm reduction clients; **81%** were later collected. **13,200** harm reduction service units were provided.

Harm reduction clients receive **7,341** referrals, for detoxification and abstinence-based treatment, methadone therapy and housing.



# Financial Report

## Operating Revenue & Expenses – All Sources

	2007	2006
REVENUE	\$ 5,502,578	\$ 4,772,207
EXPENSES		
Salaries employee benefits 73%	\$ 4,034,824	\$ 3,507,308
Administrative and program support 9%	477,281	394,256
Building operations 7%	369,331	289,433
Minor furniture and equipment 0.07%	3,893	33,044
Professional and contract services 7%	365,366	315,524
Mental health program 4%	251,883	232,642
	\$ 5,502,578	\$ 4,772,207

These summarized statements have been extracted from the South Riverdale Community Health Centre Audited Financial Statement for the year ended March 31, 2007. A copy of the completed financial statement prepared by the chartered accountancy firm of Deloitte & Touche LLP is available to any member of the public upon request.

Charitable registration #107997165

## Operating Revenue – 2007 Sources

Ministry of Health & Long Term Care	\$ 5,213,445
Toronto Public Health	40,789
Trillium Foundation	65,126
Canadian Breast Cancer Foundation	88,939
Laidlaw Foundatoin	1,235
Human Resources and Development Canada	6,836
Toronto East General Hospital	22,146
Interest Rent & Other	64,062
TOTAL	\$ 5,502,578

## Special Purpose Fund: Investment strategy pays off

The Special Purpose Fund was established more than 20 years ago as a reserve operating fund should provincial funding be withdrawn.

Now the non-ministry fund offers grants up to \$1,000 for community groups, special donations up to \$300, seed money for new projects and bridging funds for the Centre. A minimum of \$150,000 must remain invested to maximize interest and minimize risk.

In June 2006 a work group for the

Special Purpose Fund implemented a strategy that earned \$6,547 this fiscal year, or 76% more than last year. The balance, as of March 31, 2007 was \$181,779. On March 31, 2006, the balance was \$176, 232.

The work group consisted of two directors, five community members and two management staff. Requests for information about the fund may be addressed to Ruth Gibson: rgibson@srhc.com



## Board of Directors

Ben Vozzolo, *Chair*  
Susan Weiss, *Vice-Chair*  
Maureen Adams  
Sarah Anderson  
Bill Brown\*  
Jennifer Foulds  
Nadira Fraser  
Julia Harbinson  
Alice Lee  
Kelly Morris  
Yvonne Stewart

\* *resigned during year*

## Mission

South Riverdale Community Health Centre is a community-controlled organization that believes that health is a state of physical, mental, and social well-being. The role of the Health Centre is to provide good quality primary care, and to engage in those clinical, social, economic, political, cultural, and educational initiatives that promote health.

## SOUTH RIVERDALE Community Health Centre

955 Queen Street East  
Toronto, Ontario  
M4M 3P3

**General Reception**  
416.461.1925

**Medical Reception**  
416.461.2493

**Administration**  
416.461.3577

Charitable registration  
#107997165

# Message from the Chair and the Executive Director



## Progress on strategic priorities

It has been another extremely eventful and productive year at the South Riverdale Community Health Centre!

Behind the scenes, we successfully prepared and completed the process to maintain our professional accreditation. We also engaged in and responded to unprecedented changes in the provincial health care system. (See "Complexity is the new reality.")

Our four staff teams – Health Services, Health Promotion, Urban Health and Organizational Health Systems – were challenged to evaluate and develop programs according to strategic goals set by the Board. Each team worked hard to achieve success in providing access and equity, and fostering partnership and advocacy.

Some of our activities over the past year reflected strategic priorities through:

- expanding the early-years JumpStart program;
- launching a women's health and breast cancer initiative;
- expanding the diabetes and asthma programs and partnerships; and
- carrying out workshops, research and publishing activities on harm reduction and hepatitis C.

While providing clinical pre- and postnatal, urgent, drop-in and outreach care, as well as counseling, case management and health promotion services to a wide range of individuals, families and newcomers, we continued to expand access to services for vulnerable groups through partnerships with other organizations.

Some partnerships were more personal. At the annual volunteer appreciation dinner, we honoured a cross-section of members who gave back to their community: peer harm reduction workers, committee members who work to protect our environment, gardeners, Tai Chi instructors, plain language editors and many others. We could not do it without them.

For our 30th anniversary, we held a spectacular celebration for 400 people, and documented our history in the community. The passion and commitment we began with – fighting for local primary care, clean soil and community programming – has persisted. Our passion is fueled with renewed vigor as we develop an integrated approach to health care and strive to improve access for a diverse community with complex needs.

Through advocacy, community initiatives and partnerships – and a great deal of energy – we'll continue to promote the health of our community. And continue to look for ways to do it better.

Respectfully submitted,

Ben Vozzolo  
Chair of the Board

Lynne Raskin  
Executive Director

