



# R.E.A.C.H. Community Health Centre



## Celebrating 40 years of Community Health in Community Hands



**Annual Report**  
September 2009

# Mission Statement

To improve the health and well-being of our community.

# Statement of Principles

REACH is a non-profit Community Health Centre governed by a community Board of Directors.

REACH remunerates all staff by salary.

REACH provides services using interdisciplinary teams.

REACH is a place where members of the community, staff, board and volunteers feel equally welcomed, listened to and respected.

REACH Staff, board and volunteers are resource people that members of our community can access to help overcome barriers to health as defined by the community, and to assist them in making informed choices about their health. Our relationship with the community is one of allies.

REACH places a high value on democratic decision making with input from the board, the staff, those who use the centre and our community.

REACH prioritizes the use of our resources to mesh with the needs of the community.

## **A Brief History of REACH (Research Education and Action for Community Health)**

In 1969, REACH opened its doors at 1144 Commercial Drive in a converted fruit and vegetable shop. Now 40 years later, REACH's home is 1145 Commercial, across the Drive from the original site which is now houses the Portuguese Club of Vancouver.

At the outset, the clinic was a joint project of Grandview Woodland residents and the Department of Pediatrics at UBC. Local residents wanted a health centre, and the Department of Pediatrics wanted a neighbourhood teaching site so students would see patients in a community setting rather than just in the hospital. At that time, the late 1960's, public medical insurance was just beginning. Prior to this, paying a doctor for medical care in the community was impossible for many, so people frequently attended hospital outpatient departments (OPDs) where care was free. One consequence of the introduction of public medical insurance was to reduce patient numbers in hospital OPDs, hence the need for community sites for teaching of students.

Grandview Woodland was chosen as the clinic location due to local community support represented by the neighbourhood's Area Council. It teamed up with Dr. Roger Tonkin, a visionary UBC pediatrician. His research had shown the need for medical services in this neighbourhood. At the original clinic site, he posted a city map with coloured pins for doctors' offices. This neighbourhood had no pins, a visual demonstration that this community was medically underserved.

Dr. Tonkin spearheaded the beginning of REACH, which then stood for Research Education and Attack on Community Health. His Pediatrics Department head, Dr. Sid Israels, paid the clinic's first month's rent. Community members and medical students erected partitions, scrubbed floors, and painted walls. REACH began as a small medical clinic mainly seeing children, youth and drop-in patients. It was staffed by two pediatricians, a nurse, a receptionist and eight volunteer community family doctors. Medical students participated from the outset. The original clinic was a rabbit warren of offices, but it worked. Funding came from various grants, and from the UBC Pediatrics department. These sources were multiple, small, and shaky, but Dr. Tonkin was gifted in attracting good people to his vision, despite the precarious and unstable funding.

After a year, REACH felt secure enough to establish itself as a non profit society with a Constitution, a Board of Directors representing the community and staff, and an official charitable status to facilitate obtaining grants and donations from

sources like OFY (Opportunities for Youth), LIP (Local Initiatives Program), the Vancouver Foundation, Variety Club and many others. The Centre just managed to keep its head above water for the first five or six years. The staff earned little more than minimum wage paid by various grants, and seldom knew if they would have their jobs in a couple of months. Still, with an enormous commitment, people continued on.

1970 saw the hiring of REACH's first nurse practitioner, Bev McMaster, who still practices at REACH, and the unique role of the nurse practitioner at REACH began its development. Also at this time REACH hired its first family doctor, Dr. Bill Seidelman, who billed fee-for-service, providing funding for the clinic.

By 1973, clinic staffing had expanded and consisted of reception staff, including Lina Fabiano (who is now administration co-ordinator at REACH), 2 pediatricians, 3 full time family doctors, a nutritionist, nurse practitioner, and 7 part time local GP's. Among medical services was a drop-in evening youth clinic. Students from many UBC disciplines worked at the clinic, and many community professionals including nurses and doctors volunteered their time. The Grandview Woodland Information Centre was located at REACH, and a legal aid clinic ran here part time too.

In 1973, a community survey of children's health needs revealed the lack of dental services in the area, so REACH dental clinic was established, with a staff of 4 and a prepaid dental plan. REACH dental provided preventive and treatment services, and outreach to the community. The dental plan was eventually discontinued as it was uneconomic, but other dental services continued and grew.

In about 1974, the REACH board and its committees underwent a major restructuring. A Board of Directors of about 20 people was established and met four times a year, with a smaller Management committee meeting on a monthly basis. Staff members sat on the board from the beginning.

Also in 1974 funding for the medical clinic became partly stabilized, when the Provincial Ministry of Health began to provide salaried funding for the physicians, some "overhead" money (which accompanied the physicians' funding to support the staffing/running of the clinic), and a yearly grant to pay partial salaries of the team - nurse practitioners, a nutritionist, a health educator, and later, a pharmacist. Some dental money was also provided.

In 1976, a full time clinical pharmacist joined the team, and up until recently we were the only community health centre (CHC) in Canada to have this team member. In his presentations, the health researcher and writer Dr. Michael Rachlis has

identified our team's inclusion of a clinical pharmacist as a great innovation. The pharmacist's role included providing community outreach (medication awareness for seniors, youth alcohol education, and the like), providing education to patients and staff in-house, and dispensing medications. At that time our dispensing fee was \$1.50, and we sold birth control pills for \$1.50 a package.

1976 was also the year of a major financial crisis: lease negotiations broke down, another building (the present site) was found, but required extensive renovations, and there was little money. The centre came close to financial disaster, staff took cuts in pay and went on unpaid leaves of absences, but people pulled together, funding was pieced together and the clinic continued. In 1978, all clinic services were gathered under one roof at the present site. (Prior to this time, the medical and dental clinics had been across the road from one another.)

As our funding and space stabilized, REACH programs and services both inside and outside the clinic flourished. Among those programs were CPR training (REACH was the only place at that time where the public could receive such training), alcohol education in high schools, outreach programs for seniors, stress reduction programs, including self-hypnosis and autogenic training, a language stimulation program for young children, preschool multicultural services, and a toy lending library. There were Kick-It quit smoking groups, a childhood poison prevention program and an infant car seat promotion program. Many of these programs came about in response to community needs. For example, local preschool and daycare staff felt they had inadequate training in language development, so our Language Stimulation Program (later named Preschool Multicultural services) worked with local daycares to promote diversity and provide language, education and cultural enrichment to children. A report on this program was distributed provincially, with broad recommendations for daycare training and initiatives to meet the needs of young children. The Vancouver Infant Development Program had its office at REACH at that time, and one of our pediatricians provided child development consultations at local daycares. We provided medical support services to community agencies such as Project Parent, a program working with community and court referred families, who were in great need of supports. Then as now, the medical clinic provided care to a range of patients, many of whom had complex needs, and staff worked closely together in an interdisciplinary team.

We had a variety of in-services for the staff at that time, including a focus on delivering culturally sensitive care. We began a program for pregnant teenagers at REACH in 1981, at a time when no services existed in the community. We provided health education and medical outreach to the Youth Detention Centre, including being on call after hours for the juvenile jail. Our medical outreach encompassed the Salvation Army's Harbour Light and neighbourhood seniors' projects. Under the

leadership of Carol Herbert, a REACH doctor at that time, we developed and provided services for sexual assault, both for adults and children. Also through those years, a number of research projects were carried out at REACH, including several by Carol Herbert. Dr. Herbert's medical career began at REACH; she then went on to become head of Family Practice at UBC and has continued her early interest in interdisciplinary care at REACH in her current position as Dean of Medicine and Dentistry at the University of Western Ontario!

In REACH dental, reports from the 1980's note the clinic's focus on providing high quality dental care for all. Staff tried to improve access with lower fees for uninsured patients, initially 40%, then, by the late 70's, 30% below the Dental College fee schedule.

In 1982, after a major campaign, REACH purchased its present building. Help came from the Vancouver Foundation, Woodward Foundation, BC Government Lottery Fund and Kiwanis.

On the medical side, the provincial government's 1984 "restraint program" ended the practice of paying physician salaries and overhead, and required the medical clinic to go "fee-for-service", a poor system for meeting the needs of many patients. These years were very difficult for REACH, which now faced deficits, causing cuts in staff hours and/or pay. People had to pull together and they did. The nurses and doctors had to stop taking medical students and doing outreach activities, and concentrate on seeing patients in the office.

In 1988, REACH, with its wealth of expertise and resources, played a significant role in the establishment of the Mid-Main CHC.

In 1989, our Teen Pregnancy program was superseded by several comprehensive programs for pregnant and parenting teens which were then being established in the community. Fran Moore, our teen pregnancy worker, became REACH's counsellor, offering our patients much needed counselling supports without the barrier of cost. Fran also began to offer group sessions: initially, Nobody's Perfect (a parenting group), then later, Changeways (Cognitive Behaviour Therapy in a group) and a group for parents of teens. Fran also had many students of social work, counselling and art therapy working with her.

In 1991, REACH welcomed the arrival of the Multicultural Family Centre (MFC), which began as a federally funded conjoint project of the School of Social Work at UBC and REACH. Federal studies had identified Vancouver's African, Hispanic and Vietnamese communities as underserved, and these communities became the focus for MFC.

In 1992, the medical clinic was able to stop seeing patients on a fee-for-service basis, and, for the next three years, it became part of a capitation demonstration project. This helped stabilize funding for the medical clinic.

In 1992, REACH was the recipient of the first Social Planning and Research Council of BC award for exemplary community service.

In that same year, with the support of the Vancouver Foundation, REACH had a survey done of Grandview Woodland, focussing on community needs. We learned many things from this report, among them that Grandview Woodland is home to the highest number of First Nations people living off reserve, west of Winnipeg. REACH has a long history of being a site for medical and dental care for First Nations peoples.

As a result of this survey, REACH's staff integrated more of a Community Development model into the clinic's work. Our nutritionist, Carol Ranger, has been instrumental in developing this model ever since, working with the community in developing the East Vancouver Farmers' market, and being involved with the Good Food Box and Community Kitchens (both for a time housed at REACH), as well as with the Food Policy Council (where she was chair). Carol has also been involved with Food security issues and other nutrition and food related projects in the community. Fran Moore, our counsellor, was regularly involved with the Grandview Woodland Area Services Team.

In 1993, the Canadian Alliance of Community Health Centres (CACHCA) was founded. Our ED at the time, John Silver, was central to this initiative, as well as in efforts to link and support CHC's in BC.

In 1995, the province re-instituted salaried physician funding, now via the Vancouver Richmond Health Board (VRHB). Once again REACH was provided with stable physician and "overhead" funding. It is a system that we feel is far preferable to fee-for-service or capitation for our patients.

From 1994 to 1997, REACH collaborated with Britannia and the North Health Unit to explore the formation of an Integrated Services Centre under the VRHB. At the end of this process it was clear the VRHB governance model would have seen the REACH Board of Directors replaced by an appointed advisory committee. The REACH board and staff reaffirmed their belief in a 'member controlled non-profit society, run by an elected board with staff representation' as a basic principle for CHC governance. Refusing the VRHB offer represented a significant financial risk to REACH. A community meeting was held to discuss this matter. With 100 people

in attendance, it affirmed the community's wish that REACH's governance structure not be changed. REACH then struck an agreement with the VRHB, whereby REACH would independently contract with the health board to provide services. A statement of principles from 1997 affirmed:

- REACH is a non profit CHC, governed by a board of directors;
- staff are remunerated by salary;
- services are provided using interdisciplinary teams;
- REACH is a place where members of the community, board, staff, volunteers feel welcomed, heard and respected;
- staff and board are resources to the community, and our relationship with the community is one of allies;
- REACH places high value on democratic decision making with input from board, staff, patients/clients, and community; and
- REACH prioritizes use of our resources to mesh with needs of the community.

Now in 2009, this is where we are in medical. Our work, caring for patients, is done by an interdisciplinary team that includes support staff, our pharmacist, counsellor, nutritionist, advance practice nurse, nurse practitioner, and 6 family doctors. We all see patients at REACH, and the doctors are "full service family physicians," sharing around- the-clock call, delivering babies, visiting our patients in hospital and in hospices, care facilities and at home. We have medical students and a family practice resident from the St. Paul's Hospital program. Sometimes there are nursing, pharmacy or nutrition students. We do regular family practice based continuing medical education. The doctors have been on many hospital committees over the years, including those charged with improving family centred maternity care, care for substance-using mothers and breastfeeding practice in hospital. They have also served on course planning committees for Family Medicine conferences, and on hiring committees for the St. Paul's headships of the Emergency Department, and the Departments of Family Practice and Obstetrics and Gynecology.

For the past few years we have undergone major changes in the way we deliver care at REACH, including the EMR- electronic medical record, and tracking and supporting care/outcomes of chronic diseases. Our EMR is "open source." Philosophically it is the best fit for REACH and saves the clinic thousands of dollars a year in vendor fees. At the same time, it has involved a lot more time and work than had we signed with a regular vendor. Like staff in all other departments, we are passionate about providing good care for patients/clients. Many of our patients lead very challenging lives and are dealing with poverty, isolation, cultural dislocation and mental illness. As with the other departments in the clinic, what we do is often hard work. Nevertheless, we have an impressive retention rate of

doctors and other staff at a time when many doctors have fled family practice to more lucrative walk-in clinic practice. We very much value working in an interdisciplinary team, and we value the efforts of all staff in providing care. We are lucky to have staff members who in addition to office practice, run groups (Dan and Carol), are active in the community (Carol, Dan and Afshin) and provide exceptional clinical pharmacy staff service (Afshin).

Several staff are involved in community work. Afshin, our pharmacist has co-authored provincial guidelines for hormonal treatment of transgendered persons; Pat and Thanh work at the STD clinic, Thanh previously on the HIV ward at SPH, and they bring this expertise to REACH; Clare has been very involved in the development of Evidocs, a BC initiative which provides up-to-date and evidence-based information about several health conditions (e.g., diabetes, hypertension) for use by patients and doctors at point-of-care; and Justine is involved in community Social Pediatrics planning.

There are challenges. The physical set up of medical is not conducive to the most efficient delivery of care. From community agencies and elsewhere we are under enormous pressure to take more patients, including those with high needs, and medical has full practices and waiting lists. It takes more and more advocacy to get timely service and support for patients in the community. There are many unmet needs in the community and no end of issues to learn about and engage in, threats to public health care being among them.

We value working in this community--its diversity, tolerance and challenges--and we value the contribution of other departments and individuals in the clinic and on the board.

What is REACH?

It is more than the sum of its parts. Some examples of what REACH is in action:

- Some staff attended a workshop on Strengthening Interdisciplinary Teams in Community Health Centres and did an exercise on professional values, beliefs and strengths. Not surprisingly, there was great overlap in the responses of the MFC social worker and REACH doctor.
- A medical patient living in poverty and with challenges of addiction and childhood trauma had used up his limited dental funding from welfare, and came to his doctor with dental pain, only expecting a prescription. When his problem was taken to Maria in dental she said, "Send him over, we'll help." They did.
- A client of MFC was reluctant to follow the advice of her doctor elsewhere to have surgery. An MFC staff member relayed her concerns to a REACH

doctor, and together we were better able to support the woman around informed decision making, while respecting her concerns.

- To staff past and present, our patients, our volunteers and supporters, our Board of Directors, we thank you for all your hard work and support; we could not have done it without you.



Dr. Sandi Witherspoon, REACH Physician

# Congratulations on your 40<sup>th</sup>!

From: The office of the Honourable Libby Davies, MP (Vancouver East)

The REACH Community Health Centre has lead the way for 40 years and is still doing it today!  
This is what healthcare should look like...community based, accessible, holistic, and full of  
dedicated and accountable professionals and community board members who serve the  
community. It doesn't get better than this!

Congratulations to everyone at REACH on an amazing 40 years and more to come.

Sincerely,  
Libby Davies MP ( Vancouver East)

Dear Board Members, Community Members and Staff of REACH Community Health Centre:

Congratulations on your fortieth anniversary as a non-profit community health centre in Grandview-Woodland!

Who knew that this experimental clinic would still be here forty years later? REACH is now a Commercial Drive institution and has provided healthcare to thousands of people since it opened. Many of my own friends and acquaintances use the services at REACH. The addition of services, such as nutritional education and the dental clinic, are other important supports to the community. REACH remains a model that can be used to expand community health centres throughout the province.

REACH's definition of health is: "The extent to which an individual or group is able on one hand to realize aspirations and satisfy needs; and on the other hand, to change or cope with the environment." With the leadership of REACH, we all know that an approach based on health promotion and human rights will always shape public health policy for the residents of Grandview-Woodland and the surrounding community.

REACH also should be given credit for having such a diverse and multi-cultural community of members. As well, your dedication to democracy in the functioning of your organization is a laudable achievement.

Your contribution over the past 40 years is beyond measure. I wish you continuing success. Thank you!

Jenny Wai Ching Kwan, MLA  
Vancouver-Mt. Pleasant

# President's Message

Congratulations to all our wonderful staff, board of directors and clients for their contributions to helping REACH achieve 40 successful years in our community! What a milestone! There is no doubt that the road to this point has seen some challenges, but the dedication, hard work and commitment of all of you has been remarkable and inspiring, and has helped us to reach this amazing moment. A personal thank you to each and every one of you. To continue with and succeed in having a not-for-profit health care centre in today's climate is quite an achievement and we can only hope that the REACH model of care will be spread around the province in years to come.

This past year has been an interesting and productive one. Our board of directors has been made up of an intelligent and dedicated group of men and women who have worked diligently to ensure that we run an efficient, humane, compassionate and innovative service to all our clients. Each director has made an enormous contribution to the smooth functioning of the clinic throughout this year and also over the past 40 years! Thank you to all those volunteers who find the time to serve on our board.

Of course, REACH would not be the wonderful place it is without its staff. It is obvious that each and every staff person loves working at REACH and is committed to the organization in very real and practical ways - through representation to the board, through committee work, through working collectively to address problems as they arise, through supporting each other on a daily basis. This dedication results directly in a well-informed board of directors and reasoned decisions based on the excellent staff input. And it has been this way for 40 years through many ups and downs. I believe it is safe to say that had the staff not been devoted to the very essence of the Clinic for all this time, REACH would not be the model health clinic it is. As a patient and as a board member, my gratitude goes to all of you who help run REACH every day and make it a welcoming environment for all members of our community.

During this past year, the Dental Clinic has undergone a significant renovation resulting in a beautiful new space for our dental clients and a better work space for staff. Thanks to all the dental staff for shepherding that project and for working through all the construction!

Multi-Cultural Family Centre has continued with its strong programming and outreach to many immigrant communities, even though our space availability for their programs has been limited. With MFC and administrative department primarily in mind, the board of directors has begun serious consideration of a major renovation to the Clinic. We seem to have outgrown the premises after 40 years!! It has been decided that the location of the Clinic should not change as we are a real landmark in the community and on the Drive, but

expansion is necessary - particularly to alleviate the tight quarters for MFC and the admin department. So, the project is underway.

Two valued staff people left us this year - Chaya Ransen (MFC) and Tammy Rogers (Medical). We wish them well. We also welcome two new staff members - John Hardie, manager of the Dental Clinic and Tamara Stilwell, our advanced practice nurse. We hope your work at REACH will be rewarding and fulfilling.

It is fair to say that the unique, community-based health care model of REACH has inspired us for 40 years and with all of us working together, it will continue well into the future. Again, thank you to everyone for your role in defining good health care for our community.

Ruth Herman, REACH President



**REACH Board 2008/2009**

# Executive Director's Message

This year brought a number of significant changes to REACH. Our Dental Clinic went through a major renovation. This was a challenge for the Dental team, of course, but also proved to be challenging for everyone at REACH. I would like to thank all of our personnel for their patience and professionalism during a trying time. We said goodbye to Chaya Ransen, who had played a key role in our Multicultural Family Centre for many years, and to Tammy Rogers, a valued member of the Medical team. We also welcomed Dr. John Hardie as our new Dental Clinic Manager. As the year progressed, we discovered that we had both a structural deficit and an operational deficit, so early in 2009, we took steps to ensure that these problems would not continue next year.

I would like to express my deep appreciation to everyone at REACH for the opportunity to work here, to the staff generally for their unflagging dedication to those we serve, and to Lina Fabiano and the Admin. team in particular, for all the help they have given me.



Greg Terpenning, REACH Executive Director

# Program Highlights

## Pharmacy

Over the last year REACH Pharmacy has continued to build on the success of our previous year. We filled over 7000 prescriptions which is our highest total ever and an impressive 16% increase over the previous year. We expanded our blister packing program to serve more of our patients, and we renegotiated some of our drug supplier agreements to lower our drug costs. Our pharmacist has continued to participate at the College of Pharmacist of BC, specifically around the new prescription adaptation program. As of the new year, our pharmacist has begun to adapt several prescriptions a day and has successfully billed for these through Pharmacare. Finally, the highlight of the year was our involvement in the opening of "Lu's: A Pharmacy For Women". This is a women's only pharmacy in the Downtown Eastside that is owned and operated by the Vancouver Women's Health Collective. We were pleased to provide consultation to VWHC over the last year, and were excited to extensively help in the final stages of this project. With a couple of projects underway and continued increases in our services, we expect the upcoming year to be even more successful.



Afshin Jaber, REACH Pharmacist

## Multicultural Family Centre

As REACH celebrates 40 years of "community health in community hands", the Multicultural Family Centre is celebrating 18 years at REACH working with immigrant and refugee communities to promote access to healthcare. How are we doing this? A few of the highlights of the past year may help explain.....

- **Vietnamese Program:** Thoa Lam continues to be a life-line for Vietnamese patients at REACH, providing cultural and linguistic interpretation, pre and post appointment practical assistance and counselling, as well facilitating diabetes prevention and management programs. Her Line Dancing Program is a major force in engaging the Vietnamese community in physical activity to prevent diabetes.
- **African Community Diabetes Education and Screening:** We were invited by the Edo Friends of BC to deliver a diabetes education presentation to the African community, as part of an evening social event at Trout Lake Community Centre. Over 200 people attended, leading to the delivery of a two-part Diabetes Screening event at an African church in February, 2009.
- **Latin American Diabetes Prevention Course:** German Blanco has developed a 6 week course on diabetes, which he followed up with a Latin American Community Diabetes Screening Event at REACH.
- **Latin American Seniors Health Fair:** In May 2008, the seniors group, under the leadership of Pedro Ramirez, organized a health fair at Trout Lake Community Centre, providing much needed health information and activities in Spanish to seniors from the Latin American community.
- **African Women's Program:** Jenipher Khayanga Wasike has adapted the Nobody's Perfect parenting program to meet the language, cultural, and literacy needs of African refugee women. The group also participated in the Canadian Diabetes Association's Food Skills for Families pilot project as part of our diabetes prevention initiative.
- **African Children's Homework Club:** Ilyambabazi Sebyeza has raised the profile of the Homework Club in the community, establishing connections with key school personnel as well as with refugee families. There is now a waiting list for the program, which is producing excellent results in improving literacy and assisting refugee children to adapt to the school system.

These are a few of our accomplishments over the past year. We have not mentioned the Cross-Cultural Health Broker Program, the Community Garden, our role as advocates for inclusive health care for immigrants and refugees, etc. Stay tuned!

## Nutrition

In the centre the nutritionist continues to provide nutrition education and counseling to individuals and families, and has collaborated with the counselor to facilitate a Resiliency Skills Training Group.

In the community she coordinated a very successful Food Skills for Families program. A 6 week, hands on cooking course for those on a budget. It was offered in partnership with the Lions Den Seniors program and the Canadian Diabetes Association. She is also working with the PHOOD (Promoting Healthy Options on the Drive) group who are a small group of health professionals and residents working to raise community awareness and create alternatives to the proliferation of fast food on the Drive.

She continues to offer nutrition presentations and workshops in the community, and meets regularly with the VCH nutritionists.

## Dental

The past year has been one of renovation and change for the Dental Clinic. Renovations to the clinical area have resulted in enhanced treatment facilities being located in an aesthetically pleasing physical environment. The alterations permitted the Clinic to revamp its infection control protocols.

Two significant changes occurred. The first involved the implementation of new software programs that now allow the clinic to function with a minimal amount of paperwork. A secondary advantage of these programs is the ability to conduct detailed analyses of numerous operational aspects of the Clinic. The second change involved the appointment of a manager to assist the Clinic to achieve its present and future goals. These objectives will be identified at a Dental Staff retreat to be held in September 2009.

During the months of May and June, dental hygiene students from the Vancouver Community College participated in patient care at the Clinic as part of their final year assignments. The students expressed their professional enjoyment of this experience by donating a sizeable cheque to the Dental Clinic Emergency Fund. The dental staff must be congratulated for participating in the above alterations and changes with their usual enthusiasm, dedication and support. In turn, the dental staff wishes to thank all patients for their understanding during the closures precipitated by the renovations.

## Medical

This is REACH's 40<sup>th</sup> anniversary providing high quality health care to the residents of the Grandview Woodlands community.

As always, the medical department is busy and in demand by the community; from January to mid August we have taken in 90 new patients.

Currently we are trying to define and capture meaningful data for reporting to the funders and for our own insight to the work that we do.

We are participating in the HPV (human papilloma virus) Focal Study to find out if a test for HPV can provide greater protection than the Pap test as the primary screening tool for cervical cancer. The study will enroll approximately 33,000 B.C. women.

We continue on our "paperless" journey and are actively moving the old paper charts from our basement to secure storage.

We have sadly said goodbye to Tammy our advanced practice nurse who worked with us for 5 years and Janelle an MOA, here for almost 2 years. We have welcomed Tamera to the Nurse Practitioner position and Carla and Valerie to the front desk as MOA's.

Challenges seem to come our way on a regular basis, some are large some are small. The medical team is always "ready, willing and able" to solve them.

We are looking forward to another productive year.



Linda Trippel, REACH Medical coordinator

## Counselling 2008-2009

A new group model was developed and offered at REACH last fall. We call it Resiliency Skills Training. It was developed to assist anyone who is experiencing chronic stress, anxiety or depression. The program utilizes, mindfulness, body centered, and cognitive behavioural approaches to: enhance our ability to tolerate stress, to regulate our emotions, and to become more effective in our personal and work relationships.

We also offered this group in January, 2009. Both groups filled up quickly. We utilized the Mind Over Mood Anxiety Inventory and the Mind Over Mood Depression Inventory in pre-test and post-test. Over all, significant reduction in Anxiety related and Depression related symptoms were reported at the completion of each group.

This group will also be offered again, in October, 2009.

Counselling services will continue to be offered for Anxiety, for Depression and for Crisis management as well as for Relationship and Family concerns.



Dan Kemlo, REACH Counsellor

**CONDENSED STATEMENT OF REVENUES AND  
EXPENDITURES AND MEMBERS EQUITY FOR THE YEAR  
ENDED MARCH 31, 2009**

<b>REVENUE</b>	<b>2009</b>	<b>2008</b>
Medical Grants	2,255,016	2,170,258
Dental Fees	1,136,736	1,075,118
Pharmacy Sales	406,112	337,391
Multicultural Family Services	235,434	263,946
Other	<u>217,930</u>	<u>258,384</u>
	<b>4,251,228</b>	<b>4,105,097</b>
<b>EXPENSES</b>		
Direct salaries, wages and employee benefits	3,100,803	2,886,324
Direct services and supplies	526,205	544,094
Administration	<u>716,884</u>	<u>719,302</u>
	<b>4,343,892</b>	<b>4,149,720</b>
Net Expenditures over Revenue	(92,664)	(44,623)
Net Assets available, beginning of the year	592,395	637,018
Net Assets available end of year	499,731	592,395

# TREASURER'S REPORT

The fiscal year from April 1, 2008 to March 31, 2009 began with the absence of an Executive Director. The Interim Management Committee comprised of the coordinators for each department, along with Barbara Bell, managed the centre in all areas until Greg Terpenning was hired in August of 2008.

A structural deficit was revealed and Greg revised the budget in order to avoid carrying this forward. Unfortunately this meant some cuts, however, each department has dealt with their budgetary challenges in the spirit of team work and for the benefit of the centre and its clientele overall.

Revenue was up across all departments compared to the previous fiscal year, as were expenses which resulted in a deficit at year end.

Going forward, the biggest financial challenge REACH is facing is to continue to provide exceptional service to our community with our current financial structure.

Leslie Brunanski, REACH Treasurer

## In Appreciation

We would like to express a sincere thank you to our members, clients, donors, and partners for your generosity and confidence in the work that we do and for supporting the concept of community health care.

All Individual Donors  
B.C. Council for Families  
B.C Gaming Commission  
Burnaby Family Life Institute  
CKNW Orphan's Fund  
Evergreen Foundation  
United Way of the Lower Mainland  
Vancity  
Vancouver Coastal Health Authority  
Vancouver Community College  
Vancouver Foundation

# REACH would also like to show Appreciation to all of our Staff !



**REACH** Community Health Centre  
*Over 40 years of community health in community hands*



1145 Commercial Drive, Vancouver, BC, V5L 3X3  
Medical (604)254-1354  
Dental (604)254-1331  
Admin. (604)254-5456  
MFC (604)254-6468

[www.reachcentre.bc.ca](http://www.reachcentre.bc.ca)

REACH acknowledges the financial assistance of the Province of British Columbia.

