



REACH
Annual Report
2010-2011 Fiscal Year
September 20th, 2011

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PRESIDENT’S REPORT

Another year has quickly gone by and the hard work of the staff and board of REACH has continued and blossomed.

REACH has continued to provide the excellent and caring attention to its patients and clients that it is known for throughout the province. Kudos for their contributions go to all professional and support staff, to our board of directors and especially to our Executive Director, Madeline Boscoe, whose energy, enthusiasm and persistence has ensured that we have begun to address many of the challenges facing our community health clinic in 2011.

With Madeline’s help and guidance, this year the board have been able to frame, discuss, debate and finally pass a strategic plan including a new vision and values document for the Clinic that will guide our work for the next two years.

Two integral parts of that plan are key to our future. The first is the decision to undertake a thorough review and reconsideration of REACH’s current service delivery model and activities. This will also involve an assessment of our structural and operating deficits to ensure a sustainable financial plan for the organization.

Alternative models of service delivery will be explored and possible expansion of our current services will be considered. This will all be undertaken in ways which build on our history of compassionate, innovative care and in ways which continue to strive to reduce health and social inequities. The second key component is to seriously pursue long term facility planning (as our building has almost reached the end of its life, despite medical intervention).

We also developed a new policy framework for our dental program, recognising that it is a social enterprise. This includes a new policy on fees and membership. We also conducted a review and update of our bylaws. As you will see in our financial report, we have been able to end the deficit in our operating budget – although not without pain, as many of our sister organizations can understand. And, we successfully adapted to the changes in our contract with Vancouver Coastal Health. Our focus is on new clients. Staff have developed intake procedures to ensure we meet the new goals. We continue to try to find a balance between the high number of requests for access to counselling, health education, medical care and free and low cost dental services--and with our capacity to do it. The Board recognises the stress this placed on those who wait for care, and on our staff who are put in the difficult position of managing requests for care.

Listening For Direction

As part of our work in the coming year, the board will be hosting a number of discussions to form plans for the future. We will seek feedback about our current services, any gaps and to build a plan for the next forty years. We will reach out to our members, clients and community to be engaged in this project. Please contact our office if you would like to be included.

This year, the Board reinvigorated our work in public policy to reduce inequities and advances in community-based health services. We became a signatory to the call for a BC Poverty Reduction Plan, worked to continue to protect and expand Medicare, and supported the call for the restitution of core funding for the Therapeutics Initiative at UBC. We believe that organizations like REACH need to speak out and up!

The coming year will present more work and challenges. But before starting again, let us reflect on our good fortune. Together we have built an extraordinary environment at REACH which enriches the lives of many through our services. Together we have built a community where people support each other and are able to work together in respectful and supportive ways. Together we have made possible the continuation of a model of health care that is innovative, accountable and responsive to the needs of our community. We are a vigorous and dynamic organization.

Thank you to everyone for their contributions to this work. I look forward to continuing it with you.

Ruth Herman, President

On Behalf of the Board of Directors, 2010-2011:

Christine Anderson	Clemencia Gomez (part of year)
Amber Batho	Ruth Herman
Benjamin Fair	Jill Kelly
Vicki Farrally	Stephen Learey
Colleen Fuller	Fran Moore
Jo Fox	Ann Travers

Staff Representatives (non-voting)

John Hardie
Lalya Wickremasinghe
Pat Dabiri
Tamera Stilwell

EXECUTIVE DIRECTOR'S REPORT

It has been a year of learning, admiration and, to be honest, challenges for REACH. My thanks to our wonderful staff and volunteers for their patience with me as I learned about REACH, and for their passion, commitment and willingness to keep their compassion during challenging times.

We have been busy. We are working to stabilize our operating budget and build our capacity to repair and update the facility. Real cuts in funding from Vancouver Coastal Health and the BC Gaming fund, along with increasing costs without an increase in funding or fees over the last five years, have left us with deficits which are not sustainable. Unfortunately, addressing this has meant a decrease in services to those who need them most. It has also affected the number of staff, their hours, and compensation.

Here are some highlights: We undertook a strategic planning process, gathering a list of issues and to-do's that will guide our work in the coming years. We initiated a building condition report that has highlighted not just the need to pay attention to the aesthetics but also that we will need to make a serious investment in the infrastructure in the building within the next four years. We must keep air circulating, the lights on and water in the right places (i.e., inside pipes!)

We held our first client feedback sessions and conducted client surveys in the medical and dental program. We learned that the majority of our clients do not reside in Grandview Woodlands or East Vancouver. This is for a variety of complex reasons which have to do with history, the cost of housing and the changing nature of how our clients define their community. We learned that our clients overwhelmingly find the care here special—high quality, personal and compassionate. That is not to say we haven't had our complaints too—these are our teachable moments. Our clients are frustrated with the state of building and would like access to care in the evening. There are many in our community who would like to become clients but who we cannot accommodate. We will be working on these and other issues in the future

Many thanks to students Adrienne Peltonen and Heather Everson for assisting in developing the surveys, undertaking interviews and research, and writing it up.

Many thanks to the organizations and individuals donors to REACH- this year our donations increased from just over two thousand two hundred dollars to over seventeen thousand eight hundred—reflecting the hard work of the staff and board in getting the word out that community support is crucial.

As we reflect back on the past year and think about the year ahead, I know this is possible only because of the commitment of staff, volunteers, Board, clients, our funders and donors and the community at large. Looking forward to the next one!

Madeline Boscoe

TREASURER'S REPORT

Over the last year, the Board and Management of REACH have put a lot of effort into re-establishing a healthy financial situation for the Centre. The first priority was eliminating our operating deficit. Changes were made to the operations to improve efficiency and cost effectiveness without sacrificing quality of care. This involved the support and co-operation of everyone in the organization, and the Board is appreciative of that commitment.

The changes were successful! REACH even ended the year with a small surplus, certainly welcome after three years of deficits! This was achieved despite funding decreases from Vancouver Coastal Health and BC Gaming, and while managing the impact of no increase in the dental fee schedule for clients on Social Assistance.

The Board adopted a policy to accumulate net assets equal to three to six months of operations, as recommend by the auditor. This serves as a cushion to cover cash flow and unexpected expenses. It also would be sufficient to cover a shut down or to assist in a transition, should we lose a major funder or require a substantial capital investment. This year's small operating surplus helps along that path. This is recorded on the balance sheet as "internally restricted for contingency purposes."

The Finance Committee has been working with management to develop a capital budget, needed to plan the repairs needed to our building. These repairs were identified through a building assessment which management commissioned early in the year. Development of this capital plan will be a major focus for the next several months.

The Finance Committee consists of myself as the Treasurer, Amber Bathos (Board Director), Madeline Boscoe, (Executive Director), Dave McDonald (Financial Consultant) and Yumi Sakamoto (staff, the Financial Co-ordinator and Bookkeeper). On behalf of the Finance Committee, I extend a special thanks to Madeline, Dave and Yumi for their assistance during the year.

Jill Kelly,
Treasurer and Chair of the Finance Committee

**Condensed Statement of Revenues and Expenditures
And
Members Equity for the Year Ended March 31,2011**

REVENUE	2011	2010
Medical Grants	2,326,341	2,603,913
Dental Fees	1,191,268	1,209,484
Pharmacy Sales	484,242	404,988
Multicultural Family Services	279,924	232,279
Other	<u>72,390</u>	<u>200,668</u>
	4,354,165	4,651,332
 EXPENSES		
Salaries and benefits	3,110,844	3,538,495
Direct services and supplies	499,159	491,200
Administration	<u>701,000</u>	<u>667,836</u>
	4,311,003	4,697,531
 Net Expenditures over Revenue	 43,162	 (46,199)
Net Assets available (beginning of the year)	<u>453,532</u>	<u>499,731</u>
Net Assets available (end of the year)	496,694	453,532

OPERATIONS REPORTS

MULTICULTURAL FAMILY CENTRE REPORT

In January 2011, the Multicultural Family Centre entered its twentieth year of services to immigrant and refugee communities, designing and delivering culturally responsive health promotion programs. Health promotion teams provided program coordination, assistance and implementation in the African, Latin American and Vietnamese communities. We appreciate the high level of knowledge, skill, and energy shown by community members in their commitment to improving health in their communities. We value the relationships of trust and mutual respect which we have carefully nurtured.

This year we engaged our community in a number of health promotion projects, including:

- 1) **Latin American Seniors Health Fair (*Conferencia de Salud*)**, a two day conference funded by New Horizons for Seniors, and designed and implemented by Latin American seniors. This *conferencia* featured presentations and exhibitions, delivered in Spanish, on a variety of health topics relevant to seniors.
- 2) **Consultations held with members of the Vietnamese and Latin American communities** regarding their access to diabetes resources/information, sponsored by the Public Health Agency of Canada.
- 3) **AMSSA Diversity Health Fairs.**
- 4) **MFC staff participated in the PHSA *Reducing Health Inequities* Immigrant Population Working Group**, which developed recommendations to the PHSA about improving access to health services for immigrants (part of a larger project also including refugee and incarcerated populations).
- 5) **AMSSA e-Symposium Steering Committee:** two staff participated in the development of a Provincial e-symposium for representatives from the Health and Settlement sectors who were interested in learning about the prevention, early detection and culturally responsive resources available to support people living with Type 2 Diabetes.

The 2010-11 fiscal year included adapting to our Gaming funding being reduced to \$100,000 per year. This meant that staff hours had to be reduced. However, the workload has not decreased; we see the same number of people in less time, a practice not sustainable. Happily, the Gaming funding was restored in April, and we look forward to resuming our regular level of service.

We received news in February that the Community Action Initiative proposal was one of seven successful applicants. There were 97 applicants in all. This accepted proposal involves a two year mental health promotion project. The project begins implementation in April and will provide \$98,000 per year to alleviate social isolation and build community capacity. We are very excited!



Our various programs and services are very well attended, and have achieved positive outcomes because of the ongoing input and feedback from the communities we work with. We look forward to celebrating our twentieth Anniversary during the next year, and embarking on a new mental health promotion project.

HEALTH CARE SERVICES REPORT

MEDICAL TEAM

Another busy year has come and gone. Our team has completed a review of the Medical Assistant role- each staff member has been cross trained and is now working to scope and rotating through each role. We welcomed our new advanced practice nurse, Anne Doherty, to the team. One significant task this year was to implement the change in our service contract with Vancouver Coastal Health--we are to continue to focus our care on the residents of Grand View-Woodlands and East Vancouver, but with a particular focus on residents with complex health care needs and/or physical, mental, social, or economic barriers which may make it difficult for them to access primary health care services in other settings than REACH. To do this we revised our application forms and developed a communications plan to explain our new responsibilities. This is now the focus for taking new clients.

We continue to provide education opportunities for students with the physicians teaching Family Practise Residents from St Pauls Hospital, and the Nurse Practitioner teaching students from Nurse Practitioner programs throughout the province.

Our use of the electronic medical records continues to expand with the focus this year being the collection of data about services we are providing and outcomes of these services. This information will aid in better serving our populations.

With the assistance of a fourth year nursing student, Heather Evanson, we developed and implemented a client survey which will help inform our services. This fall, in conjunction with UBC and UVic Centre for Aging we will be offering a Diabetes Self-Management program. It will run for six weeks on Thursdays 09:30am - 12:00. It starts on October 20, 2011. Contact the office if you are interested.

NUTRITION PROGRAM

Wondering why you may have been offered fresh veggies while waiting for your medical appointment? It was likely a promotion from the **We Love Veggies** folks.

In partnership with MFC, we received a three year grant from United Way to run a "We Love Veggies" program. This is a "green prescription" and cooking program for families with at least one child under six.

How it works is physicians or nurse practitioners prescribe an extra serving of vegetables daily for every person in the household. Participants get to attend an eight week veggie cooking class that includes 2 weeks of canning and preserving. The recipes are all child friendly and delicious! Each week participants also receive coupons to purchase the prescribed vegetables at local green grocers on the Drive or the Farmers Market.



We also want to ensure everyone has an opportunity to try some of these wonderful veggie recipes, so following food safe regulations we offer samples in the waiting rooms.

There will be a session of the course each year. Year One is focused on medical and dental clients, Year Two on multicultural clients, and Year Three on the wider community. Engaging non REACH physicians to participate will be one of the challenges for the years to come.

Carol Ranger

PHARMACY

This past year has been one of tremendous growth for our pharmacy. We provided over 9,240 consultations and filled over 9000 prescriptions, more than 3000 prescriptions from our previous year. As a result, we increased our hours of operation by one hour a day to improve our service and to allow more time to complete the tasks of the operation. Most of our increase resulted from our compliance pack program, but our active campaign to get new clients had a large impact on our numbers.

We were able to secure some extra funds for continuing education, and we connected with Therapeutics Initiatives to do in house sessions with our healthcare team and some outside guests. We hope to continue and grow this education collaborative and make it a quarterly event.

Personally, I am very proud of our work in the pharmacy and am enjoying the success very much.

Afshin Jaberi



COUNSELLING REPORT

Unfortunately, as part of financial challenges our counselling program was cut back modestly this year. The emphasis continues to be trauma informed and with individuals facing multiple barriers. The primary issues in counselling are anxiety and depression. There have been many requests for counselling from our local community over the past year, and there is an ongoing effort to find alternative, suitable services, involving no fee, low cost or service providers who offer a sliding scale.

Ongoing consulting with the VCH Concurrent Disorders Team, and Building Bridges at Women's Hospital, has been very helpful. I also continue collaboration with our MFC team and to provide counselling service support and consultation as requested.

Dan Kemlo

Sample of Feedback from the most recent group:

- "the mindful walking is amazing. I just want to be here again, it's a great motivator."
- "I have more resources within myself than it sometimes feels like."
- "I'm learning how to really listen."
- "I like how the facilitators communicate openly with each other. It is calming."
- "Even the smallest goals can be motivating."
- "I feel empowered."
- "Before and after differences were quite profound... decreases in stress and tension... wonderful practices."

Administration Report

The administration department has had a busy year with many positive changes impacting on the organization as a whole. The administration team, besides the regular and often invisible work of making sure staff are paid, hired, orientated, that the building is cleaned and cared for, that our tenants are content, that the computers and electronic records are functioning well, that our financial and organizational records are maintained...we also took on several special projects this year. We developed a work plan for our new management committee, undertook a comprehensive Facility condition report, developed new guidelines in finance/accounting, budget restructuring (to include costing in the area of sick time, vacation and staff development time for each department). We look forward in the coming year to undertaking a program-based budgeting exercise, developing a multi-year facility plan and to start thinking about a 50 year celebration!

1. New Executive Director Orientation

The department was in training and mentoring mode for a year with the hiring of Madeline Boscoe, REACH's new Executive Director.

2. Dental Program Restructuring

Following up from the 2007 and 2010 reviews of our dental "social enterprise", we undertook a detailed analysis of the budget and service model. The key goal was to stabilize the program and to ensure sustainability for years to come. A detailed work plan for the dental program was developed with a variety of goals such as balancing the budget, changing financial reporting, reorganizing dental reception duties, instituting reporting mechanisms and new ways of reporting and monitoring the subsidy program.

3. REACH IT Program – Past, Present and Future

Early in September 2010, REACH's outside IT service provider (Line One) recommended that REACH move to a new Server system called Terminal Services/Virtualization. The new Server would support the use of Virtualization and Terminal Server Services. REACH's Servers were based on a version of Windows from 2003. The old system was one where every user's computer had to have all the software being used installed on it – this meant a lot of labour intensive maintenance. As well as the labour component, and if the old model had been maintained, newer versions of software would become available, requiring upgrade purchases and, eventually more powerful computers.

Currently, the new system put in place last year addressed the issues above. A new Server was purchased and the latest version of Microsoft's Network Server software – Windows 2008 – was installed. This version of Server software was not tied into any specific hardware, thus if problems with the server hardware arose it would be easy to replace. In the area of user computers, the new system was configured so that all the software was installed in one place – on the server. This had two advantages 1) the labour of installing and maintaining 50+ users' computers was eliminated, and 2) the user's computers did not have to be updated to keep up with the newer programs – they could be used until they no longer functioned. All the work took place on the server. This has been a savings of tens of thousands of dollars for REACH. Due to the change, there is no need for any local user computer to be upgraded (until it is irreplaceable). When it does need replacement, it can be replaced with the cheapest computer available. Finally, with the new system, users can access it remotely with full security as easily as going to a Web page. In effect they are working "at the office" while "working at home".

REACH now has an excellent platform that should not require any major updates for at least six years. Ordinarily, a system like this is quite expensive but because of REACH's non-profit status the software is negligible. The organization is looking forward to installing a new version of Office 2010 to a number of staff, such as the Executive Director and the Administration team. Eventually, Office 2010 will be rolled out to the rest of the staff. A future recommendation from our IT service provider (Line One) is that REACH look at putting in another backup server. Right now everything is running off one Server which is fairly new, but at the end of the day it is one server. Server prices have dropped considerably since the original Server was purchased, and if REACH were to cost out the price of a new Server versus the cost of the potential downtime the organization would find that purchasing a second Server would be a reasonable insurance policy against downtime over the course of several years.

4. Membership development: This year REACH reviewed and revised its policies and procedures for membership. This led to a membership campaign which increased our membership to over 125!

5. New Telephone System

In August 2011, REACH installed a new IP Office Telephone System which will streamline the incoming and outgoing calls to the Centre and reduce the monthly cost of our telephone bill. In conjunction with the new system, the organization will have a new main number, **254-3000**, which will be launched with a communication plan for clients, outside organizations and the community at large.



6. Health and Safety

The Health and Safety Committee continues to meet monthly, undertaking a review of the facilities and suggesting changes. The committee members have provided input into the building condition report and undertook a number of new initiatives this year. Under their leadership we held our first Fire Drill and now have in place supporting documents with a policy and procedure to include in our current policy manual.

A number of critical incidents were recorded in association with clients and staff, highlighting the need to review and update our systems for reducing the risk for aggressive behaviour in our workplace. We updated and tested our internal alarm systems and held training sessions with staff. We also struck a working group to provide advice on other improvements. Approximately one-third of the staff have been sent to a day-long workshop on working with aggressive clients, and to learn de-escalation techniques. Over the coming year we plan more training, facility changes, and new policies and procedures.

This year we created a new part time position, that of Financial Consultant. We welcome Dave MacDonald of Yupana Consulting into the role.

Lina Fabiano, Manager

DENTAL PROGRAM REPORT

The REACH Dental Clinic has provided dental care to our neighbourhood for over forty years. Our goal is to provide high quality dental care at a reasonable cost and, where possible, to provide subsidies for those who are unable to pay. Frustrating us is the lack of support for this care, including the fact that the fees for providing care to those of us living on social assistance haven't increased for over five years and remain approximately two-thirds of the accepted fee guide recommendation. We are fundraising to fill the gap and thank everyone for their support.

Our Dental Clinic recently had a big renovation with new state of art equipment, electronic medical records, new chairs, air conditioning, a Velescope for screening for oral cancer and an intra-oral camera to let you see how your teeth are doing. We would like to extend an invitation to all of you to come check us out, either by booking an appointment with your dentist or hygienist, or by simply just stopping by for a look. We are proud of our multicultural staff who speak between them twelve different languages, including Farsi, Korean, French, German, Cantonese, Italian, Khmer, Spanish, Tagalo, Russian, Czech and English.

Balancing the budget has been a challenge. We have implemented a variety of changes to improve efficiency and access. The most significant of these has been the adoption of a "two-chair" system. This change allows each staff Dentist to use the previously renovated clinical facilities in a more effective manner, by having access to two chairs at any time. The planning for this change took place during the fall of 2010, with its implementation occurring at the start of 2011. The reception staff members were an important element of this change as they had to modify traditional appointment techniques to suit the new system. In a similar manner, the dental assistants had to adjust their duties and responsibilities to ensure that the planned efficiencies in care occurred without any sacrifices to quality. To-date, it appears that this change has had the desired effect. However, monitoring is continuing to determine if further changes will result in enhanced efficiencies.

For some time, the Dental Clinic has acted as a training resource for dental hygiene and dental assisting students from Vancouver Community College. This educational tradition continues but was enhanced this year by the involvement of final year students from the UBC Faculty of Dentistry. At special evening Clinics conducted during the fall of 2010, and under the supervision of a Faculty representative, the dental students performed a variety of treatments on healthy and compromised patients. The positive outcome from this learning experience is illustrated by a request from the Faculty that it be repeated this fall. This development re-establishes a relationship between the Faculty and the Clinic that has not existed for a number of years.

Quote of the Year!

I HATE going to the Dentist. After numerous traumatic experiences with things shoved in my mouth as a child (some dental, some not), I really don't like fingers in my mouth. Guess that's why I had not been to a Dentist since I was 12 years old, before coming to REACH.

Over the past couple of years, I've had a lot of dental work done. That's meant a lot of squirming, crying, toe wiggling, white knuckled shirt clenching, squished up faces while in that Dentist's chair. And through it all, the staff at REACH have been more than kind.

You've made going to the dentist such a comfortable experience for me that I will actually miss being a patient!

In recent weeks, the Clinic has entered into a joint agreement with the BC Dental Association and Mosaic (a not for profit organization concerned with refugees and immigrants). The purpose of this venture is to assess to what degree improving the oral health of Mosaic clients will increase their chances of becoming gainfully employed. The BC Dental Association is providing the funding for this pilot program and in conjunction with Mosaic will determine its success.

Another development of importance to the Clinic is the interest that the BC Dental Association (BCDA) is taking in Not for Profit Dental Clinics, of which the REACH Clinic is one. This year the Association has convened two workshops to identify the common problems, obstacles and solutions associated with starting and sustaining such clinics.

The above developments have been accompanied by an inevitable degree of stress and anxiety. That they have been accomplished is due to the professionalism displayed by the dental staff and the support provided by REACH administrative personnel. This report acknowledges their valuable assistance.

John Hardie.

REACH Program Statistics Summary

		2004-5	2010-11
Health Care	Physicians -visits	16,224	10,660
	Nursing- visits		2,348
	Counselling- visits, contacts and consults	658	592
	Nutrition: visits, contacts and consults	531	784
Pharmacy	Prescriptions filled	5,620 services	9,240
	Clients and Consults	n/a	5,160
Dental:	Visits/service	6,480 services	8,204 visits
	Procedures	Not available	19,065
	Subsidized Care and discounts	Not available	\$ 158,960++ (Doesn't include in kind)
MFC	Total Service Contacts	12, 993	15,892
	Number of clients	Not available	3,069
	Number of group sessions	Not available	474
VOLUNTEERS:			
	1. MFC	# of Hours # of volunteers	Not available # Hours: 4491 # of volunteers: 122
2. Dental	# of Hours # of volunteers	Not available	# Hours: 1248-1664 # of volunteers: 6-8

A SPECIAL THANKS TO OUR SUPPORTERS, VOLUNTEERS AND FUNDERS- WE COULDN'T HAVE DONE IT WITHOUT YOU!

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

Our Individual Donors

The Estate and family of Janet Ong

In Memoriam of Dr.Karl Landsberger for the dental emergency fund

Danielle Pepin

Witmar Abele

Adrienne Peltonen

Heather Everson

Peter Lincoln and the staff at One Line Corp

VanCity Human Resources staff: Heather Marley, Frances King, and Mun Kang

Chemistry Consulting Group

B.C Council for Families

Britannia Community Services Centre

Coast Capital Savings

Evergreen Foundation

Frontier College

SFU –Friends of Simon program

Human Resources Development Canada

MOSAIC

Literacy BC Raise a Reader

SUCCESS

United Way of the Lower Mainland

University of Victoria School of Social work

B.C. Gaming Commission

Burnaby Family Life Institute

Dentistry Fund of Canada

Vancity Credit Union

Vancity Foundation

Vancouver Coastal Health Authority

Vancouver Coastal Health Authority SMART fund

Rotary Club of Vancouver Quadra

UBC School of Social Work, Dentistry, Medicine and Nursing

Vancouver Community College

Affiliation of Multicultural Societies & Service Agencies of B.C.

Renfrew Community Centre

New Horizons for Seniors

Sharon Martin Community Health Fund, Vancouver Credit Union

Foundation

VanCity Credit Union Foundation

Steeltoe Consulting

Telus





Our New Vision, Mission and Values Statements

Vision: A sustainable, healthy community

Mission Statement

REACH Community Health Centre is a community¹-governed organization that believes that good health is a state of physical, mental and social well-being. We provide innovative, high-quality primary health and dental care², and social, and educational services to support the physical and mental health and well-being of our community and individuals within it.

REACH Community Health Centre's Values Statement

1. Access

We believe that all people, regardless of gender, sexual preference, race, education, income or ability should have access to an appropriate and wide range of integrated health and social services.

2. Equity

We are committed to reducing health inequities through our programs, services and advocacy. We recognize the profound impact that economic, social and environmental factors - such as adequate incomes, strong social support systems, safe physical environments, adequate housing and healthy ecosystems - have on people's health. Accordingly, we give special consideration to those who because of gender, race, ability, ethnicity, age or other economic or developmental factors may not have adequate access to health and care.³

¹ Community: can mean a group that resides in a specific locality or groups which share common cultural or social perspectives or needs that are distinct in some respect from the larger society within which they exist. REACH, situated in East Vancouver, defines our communities in both ways.

² Primary health care (PHC) is the first level of contact with the health system to promote health, prevent illness, care for common illnesses, and manage ongoing health problems. PHC extends beyond the traditional health sector and includes all human services that play a part in addressing the interrelated factors that affect health. Primary health care includes health promotion, illness prevention, health maintenance and home support, community rehabilitation, pre-hospital emergency medical services, and coordination and referral to public health services such as water, light, food, disease control.

³ Equity is the means and equality is the end. The concept of equity recognises that "a rising tide does not lift all boats" equally and thus special measures in policies and services may be required to meet the goal of equality.

3. Respect

We believe in the dignity and self-worth of all people. We strive to create an environment that is free from discrimination and harassment and where respect and tolerance are practiced and upheld, and where the client's autonomy, voice and right to informed consent is respected. We endeavour to recognize and support all cultural perspectives on health and healing. We believe in client-centred care and the importance of engaging clients and their families or significant others as partners in the process of health and healing. We understand that health status improves when a person has a greater sense of control over their life situation and thus we are committed to facilitating the empowerment of clients, as individuals and collectively.

4. Quality

We acknowledge that a person's health must be understood holistically, with an appreciation for the interrelationship of physical, social, emotional and spiritual aspects. Accordingly, we strive to provide a comprehensive range of evidence-informed services⁴ that are appropriate to our clients' health and social needs, focusing on primary health care and encompassing health promotion and prevention, first contact care, and management of long-term and chronic illness and disabilities. We value interdisciplinary care and collaborative working relations amongst providers, including complementary and traditional healers. We recognise the importance of offering a variety of service delivery mechanisms that are effective and appropriate for the clients we serve.

5. Community Participation

Recognizing the important role a community plays in the health of its residents and our goal of being responsive to community needs and issues, we invest in developing community partnerships and engagement, encourage community development, and provide community health education. We believe that our diverse communities can and should inform the work of REACH. Conversely, an important function of REACH is to support this engagement. Community boards and committees provide a mechanism for centres to be responsive to the needs of their respective communities, and for communities to develop a sense of ownership over "their" centres.

6. Communicate:

Recognizing the impact of social and economic health status on population health, we will take steps to educate our community and partners about the importance of addressing health inequities and support our service providers to provide proactive care.

⁴ Evidence-informed services integrate a commitment to evidence based medicine (EBM). EBM refers to the best research evidence that combines systematic, realist and other review methods; randomized clinical trials and other methods of research utilizing clinical expertise, patient values and critical appraisal methods. We value reflective practice models and shared care models.



I Want to Help REACH!

REACH survives and thrives because of your support! Volunteer for a committee or make a donation! We are grateful for your time and, of course, any financial contribution you can make.

We are a registered charity. Receipts are available for tax purposes for donations.
Please send me a Tax Receipt (provided for donations over \$10)? Yes No

My donation is: \$25 \$50 \$100 \$ 200 Other: _____

I have:

- 1. Enclosed a cheque _____ or,**
- 2. Made an online donation _____** Visit our website site to make your online donation, or,
- 3. Joined our Pre Authorized Payment program – Make Donations Easier!**

By making monthly contributions you join a group of committed of REACH boosters who help us increase access to care to those who otherwise cannot afford it.

You can do this through your checking account or your credit card.

Your financial institution account will be automatically debited on the fifteenth of each month. Please attach a VOID cheque for the account. We will contact you with details.

Please debit my account or my credit card each month: \$5 \$10 \$25 \$50
\$_____ Other Amount

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