



REACH Community Health Centre

Annual Report 2012

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Dental Team on the Drive



REACH Staff at the demonstration protesting cuts to funding for refugee and immigrant health services



African and Middle East Women's group



PRESIDENT'S REPORT

Another year has quickly gone by and the hard work of the staff and board of REACH has continued to blossom. REACH has continued to provide the excellent and caring attention to its patients and clients that it is known for throughout the province. The board has worked extremely hard on many complicated issues and the commitment of each Board member is obvious - and appreciated! Kudos for their contributions go to all staff and board for a job well done.

As a result of the discussion at last year's AGM and the update of some of our bylaws, the board continues to discuss our strategy regarding catchment area and long term vision. To that end we have passed the following directional statement to guide further bylaw development and planning for the future: "We provide primary health care predominantly to the residents of East Vancouver in order to reduce health inequities and promote healthy communities." We believe this builds on REACH's long history of working with and for those most often experiencing lack of access to health and health care and also fits with changing demographics in East Vancouver.

One of the major undertakings of a board committee this year was the "Listening for Direction" project lead by our Outreach committee in partnership with the Metro Vancouver Alliance. Our thanks to Colleen Fuller for her leadership and to the students and community members that make up the hardworking Outreach committee. This work will continue to help identify community needs and possible solutions.

Although the idea of improving REACH's space has been an ongoing discussion, this year we requisitioned a building condition report which highlighted the urgent need to address our facility. Heating, air, electrical, roof and water systems are all passed end of life or beyond.

Replacement, while expensive, would also entail going into all the walls and ceilings to resolve and is high risk. Thus, finding a realistic affordable solution to the situation is our priority as we review existing budgets, contracts and income sources that would help offset the new costs. We would like to remain in the building but are not certain that will be possible. We will be working on a variety of costing models in the coming months.

At the same time the board has commenced a review of existing programs. An initial data collection on each program area has been completed. In the coming year the plan is to establish a regular and more comprehensive reporting system to include program statistics and other quality indicators such as complaints, incidents, outcomes, work load and client feedback.

On behalf of the Board, I want to thank our wonderful passionate and compassionate staff for their commitment, hard work and contributions to our work and especially our diligent executive director, Madeline Boscoe. I look forward to continuing it with all of you and my fellow board members.

**Ruth Herman,
President
On Behalf of the Board of Directors, 2011-12**



EXECUTIVE DIRECTOR'S REPORT

Where did the year go? It has been one of hard work, thinking and planning. My thanks to and appreciation of our wonderful staff, Board and volunteers. Their boundless energy, constant commitment and remarkable ability to keep their compassion during challenging times have been inspiring.

We have been busy! Critical to our continued operations, our operating budget has been stabilized. REACH also addressed its challenging, aging facility: we invested in improving air quality, temperature control and security for our staff and clients. This year's equipment and facility urgent needs have include stopping leaks, cleaning air ducts, improving our phone system, new computer systems in the Dental clinic and replacing the medical area's air conditioning and heating. To do all that, REACH has worked hard to stretch its pennies.

This year we provided some of the senior leadership at Vancouver Coastal Health with an overview of REACH. They learned more about our roots and current programs, leading to an invitation to sit on a VCH Committee to review community health centres' performance - a great chance to build on REACH's commitment to work cooperatively with other people and organizations involved in outreach, prevention and equity in primary care. This year, building on REACH's history of and commitment to outreach, action and partnerships, we:

- Entered into a partnership with the Division of Family Practice on a research project to evaluate the use of "green prescriptions" to help prevent adult onset diabetes.
- Lent our space to the newly incorporated Catherine White Holman Wellness Centre (formerly known as the All Genders Wellness Centre for their bi-monthly clinic for trans and gender diverse people with a team of 26 volunteers seeing 12-15 client visits per clinic. www.cwhwc.com.
- Hosted a session on community health centres for General's Leadership Tour.
- Participated in a demonstration to protest cuts to funding for Immigrant and Refugee health and dental services.
- Developed a partnership with Impact BC, a demonstration project based on the successful Health Leads Project in the USA. That project links volunteers (drawn from post-secondary students planning careers in the "helping professions") with the Multi-cultural Family Centre and Health Care program's clients, assisting them with services including housing, employment/income security, healthy child development, food security, education and social supports. The volunteers provide support and assistance (information, referrals, advocacy and follow-up).



La Cosecha Community Garden Harvest



- Lent our space to an outreach project of Qumunity to run a support group in the East End. (The text box is a copy of the letter we received from the group's volunteer facilitator.)

In response to the Board's need for regular and comprehensive information on which it can base decisions, we now collect data from a variety of sources, developing a consistent reporting mechanism to provide the Board with all of the information it needs. In the coming years we will add a process for capturing complaints, incidents and client feedback.

Thank you to our wonderful passionate and compassionate staff --- their commitment is what makes REACH REACH! This year saw two long time staff departed – Maria Severs, dental receptionist and Lina Fabiano, Manager of Administration. Between them, our clients and staff benefited from over 60 years of their expertise, kindness and service. Luckily for me and REACH, we were able to welcome Dave MacDonald has undertaken the position of Operations Manager and at the same time convince Lina to provide her knowledge in some special projects in the future!

Questions....comments....suggestions? Please call or drop me a line!

Madeline Boscoe,

Executive Director

Dear REACH:

Thanks to REACH's genuinely positive response to our request for a meeting space, we held a very successful 8-week group, in a very comfortable and safe setting. Participants came from Richmond, Langley, North Vancouver and Burnaby.

Here are some comments from them, several of whom had never accessed any groups before:

Here are some comments from them, several of whom had never accessed any groups before:

- "I was able to progress further with my transition to becoming a woman. Issues such as employment (application, interviews and job search) as a transgendered were dealt with."
- "Thank you for this group. It was excellent. You have been nothing less than amazing and supportive."
- "I feel this group will benefit all TG individuals who are on their special journey, no matter what stage they are at."
- "By going to the meetings, I built up the confidence to have makeup on in public on my own, and to face my family as well."
- "Thank You to you (the facilitator) for giving us you & your time. It means an unmeasurable (sic) amount to have you there as a guide."

And last but not least:

- "I am sick of being traumatized by my gp's reaction every time I try to talk about my trans issues. I don't even bother going to a doc any more. I never knew a place like REACH existed. Pretty sad that it's the exception, not the norm. Makes me want to move into the neighbourhood, get on the waiting list at REACH for healthcare that actually cares."

Having worked in mental health for 40 years, I can say for sure that we need more health centres just like REACH. Thank you so much, once again, for allowing this group to take place in your space. Not only did people gain confidence, relevant information and new friends during our sessions, but they also learned that progressive and patient-centred options for health care are possible, do exist, and that REACH is vibrant proof of both.

Group facilitator,
LW. Qmunity



OUTREACH COMMITTEE

During 2011, the Outreach Committee has been working with the Metro Vancouver Alliance (MVA) on a community engagement project called "Listening for Direction". The project is reconnecting REACH with other membership-based organizations, including faith-based, civil society and youth groups, and trade unions. The Committee has a diverse team of up to 20 volunteers, mainly young people, who have contacted between 12 and 15 groups to learn about those organizations, followed by face-to-face meetings with community leaders in East Vancouver.

The project began with a community mapping exercise - all of the relevant organizations in the REACH catchment area (East Vancouver) were identified, including neighbourhood houses, community centres, student groups, faith groups and housing co-operatives. This was followed by meetings with the leaders of the organizations to find out more about each group and its contribution to the community.

The Outreach Committee and the MVA volunteers then engage in a listening exercise with members of the organizations we've contacted. This enables us to hear the stories of people in the community and ask "how do we create a healthy community?" - with the term "health" applied to both direct medical services as well as the broader spectrum of living conditions referred to as "determinants of health".

The aim is to allow people to talk about themselves, their families and the issues that affect them most directly, as well as changes they would like to see happen and might be willing to work on collectively. The aim of the listening process is to gain a deep understanding

of the local community. Listening sessions are being planned and will be moderated, but the aim is to enable people to talk about themselves and the issues that affect them and their communities, as well as changes they would like to see happen and might be willing to work on collectively.

We anticipate holding listening sessions in approximately 15 organizations representing various social, ethnic and cultural dimensions. Volunteers will be trained in the skills needed to carry out and facilitate one-to-one and small group meetings. Guidance materials will be produced to help the team record and discern the views expressed in their listening sessions. What we've learned so far is that many civil society organizations know plenty about their own organization, but they know very little about the organizations next door. This makes it difficult for the community to speak with one voice when changes are needed. Several common threads emerged at a recent public meeting of REACH members and stakeholders, including the need for housing (affordable, livable); lack of health literacy and services including mental health and dental services; employment issues (including income); transit and services



Some members of our Outreach committee



for transgendered people, seniors and Aboriginal people. Participants wanted REACH to build partnerships with local organizations and show leadership in advocacy for the health of the community.

The results of the listening exercise will be analyzed by the team and reported to the REACH Board. A large public meeting will be held, bringing together all of the participants to discuss the results of the project and to forge relationships with one another.

Out of this project REACH expects to gain a deeper understanding of some of the issues that not only affect access to health and social services, but of the broader “determinants of health” that affect the people in our community such as adequate housing, safe streets, education and employment. The Listening for Direction project is providing us with information we need to ensure that we are in line with the needs and expectations of the people who live in East Vancouver.

Outreach Committee Members:

Colleen Fuller (board)
Deborah Littman
Kathleen Herbison
Maryann Abbs
Kris Anderson
Aurea Flynn
Hanane Benzidane
Patricia Dabiri
Andrew Perry
Dana West
Terry McNeney
Claire Lepine
Grace Dalgarno
Lynn Bueckert (board)
Christie Wall
Majid Fadaei
Mark Kerr
Mei Lan Fang
Shari LaLiberte
Jannie Leung



Latin American Seniors Group



TREASURER'S REPORT – 2012

The past year saw a continuation of the efforts to find efficiencies in our operations, and improvement was seen across the departments.

Total revenue increased 8.4%. Direct expenses only increased 1.9% and administrative expenses increased 2.2%. The result was a significant increase in net revenue for the year.

The board has established a policy (upon the advice of the auditor) that we build a reserve equal to three to six months operating costs, as a cushion to cover cash flow and unexpected expenses. In addition, the building needs significant upgrading, and funds will be required for that. Therefore, this year's surplus is a very welcome big step towards those two goals.

The Dental department deserves particular mention for their efforts to improve efficiency and earnings, but all the departments contributed to the improvement.

The Statement of Financial Position (Balance Sheet) has also improved. Assets have increased 12% and the cash position has increased 30%.

The Finance Committee consists of myself as Treasurer, Amber Bathos (director) Ann Travers (director) and staff, Madeline Boscoe (Executive Director), Yumi Sakamoto (Financial Co-ordinator) and Dave Macdonald (Operations Manager). On behalf of the Finance Committee, I want to extend a special thanks to 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, 2012**

Revenue	2012	2011
Medical Grants	2,623,601	2,326,341
Dental Fees	1,121,029	1,191,268
Pharmacy Sales	537,503	484,242
Multicultural family Services	373,748	279,924
Other	63,885	72,390
	<hr/> 4,719,766	<hr/> 4,354,165
 Expenses		
Salaries and Benefits	3,087,965	3,110,844
Direct Services and Supplies	591,056	499,159
Administration	716,082	701,000
	<hr/> 4,395,103	<hr/> 4,311,003
Net Revenue over Expenditures	324,663	43,162
Net Assets Available (beginning of the year)	496,694	453,532
Net Assets Available (end of the year)	<hr/> 821,357	<hr/> 496,694



OPERATION REPORTS

1. MULTICULTURAL FAMILY CENTRE REPORT -- Celebrating our 21st Year!

In 2012, the Multicultural Family Centre celebrated twenty years of working with immigrant and refugee communities to design and deliver culturally responsive health promotion programs. A dynamic community event was held at the Polish Veterans Hall. Attended by 250 community members and supporters, we had a special guest: Dr. Carole P. Christensen, former director of the UBC School of Social Work (she initiated the program in 1991.) A variety of music and dance performances took place, and food from many different cultural communities was served.

A slide show highlighting MFC programs over the past 20 years was shown, emphasizing the relationships we have with our target communities, and the high level of knowledge, skill, and energy shown in their commitment to improving their health.

This past year we embarked on two new major projects:

1) *Creating a Sense of Belonging: Mental Health Promotion within Immigrant and Refugee*

Communities: A provincially funded *Community Action Initiative (CAI)*, this is a two year project which promotes the mental health and well-being of specific high risk immigrant and refugee communities by: a) reducing social isolation through culturally specific support groups, and b) building the capacity and skills of community members to identify, and help meet, the mental health promotion needs of their communities. This is being achieved through establishing partnerships among the non-profit immigrant serving sector, the non-profit community health sector, the public sector (community centres) and the formal mental health sector. We are working with 7 social support groups, and are providing Mental Health First Aid and Changeways training to community workers and key community leaders.

2) *African and Middle Eastern Women's Settlement Program:*

In partnership with *MOSAIC* we are providing Life Skills, Parenting, and Health and Wellness Programs for women from African and Middle Eastern countries. We have hired a new Middle Eastern Cross-Cultural Health Promoter, who speaks Farsi and Arabic, to co-facilitate the Program with our African Cross-Cultural Health Promoter.

Other highlights include:

- MFC took part in a research project with the *UBC Faculty of Medicine, Division of Health Care Communication* to develop, pilot and evaluate an education workshop to help new immigrant and refugee women communicate more effectively with health care professionals.



Homework Club Summer Camp



Mary MacNeil, German and Patricia at CAI award event



- Presentation on the twenty years of the MFC; guests were invited, including former MFC staff members.
- Mental Health First Aid training: forty-eight people attended two training events. Feedback was excellent on the content and facilitation.
- *SFU Friends of Simon* has received funding to provide tutors for secondary school students aged 13 to 15. MFC has been chosen as a pilot site.
- *AMSSA Health Fair*. It was held on March 3, and the MFC won the *Outstanding Exhibitor Award*.

Outcomes:

Goal: Participants increased knowledge of health and community resources.

Indicator: 95.4 % of participants surveyed reported success in accessing community services.

Example: Through participation in the MFC Vietnamese program, young expectant mothers have gained access to VCH pre-natal nutrition programs.

Goal: Participants communicate their concerns to health care and other service providers.

Indicator: 94.7% of participants surveyed indicated improved communication between themselves and their care provider.

Example: An African refugee woman with diabetes, a patient at REACH, would not tell her health care provider about her medical symptoms because she thought that if it was discovered that she was seriously ill, her child would be taken away. She stated that she felt safe talking to the MFC African Cross-Cultural Health Promoter, who was able to help her talk openly to her health care provider without a negative outcome for her child. Her medical problems were then treated.

Goal: Participants reduce social isolation.

Indicator: 97.8 % of participants surveyed report receiving social support from group.

Example: A long term member of the Latin American Seniors Group gained knowledge about resources for seniors, and now has enough confidence to act as an advocate for another senior from the Group (regarding accessing seniors housing.)

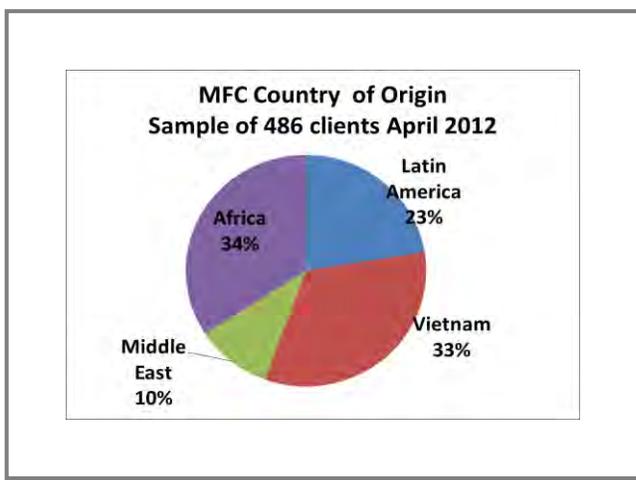
Goal: Participants receive culturally appropriate assistance with personal concerns.

Indicator: 96.7 % of participants surveyed report receiving help from someone at MFC who understands them.

Goal: Members of target communities have increased access to health services they require.

Indicators: 88.2% of participants report having regular family doctors, 89.7% of participants report having made healthy lifestyle changes, and 89.5% of participants report improved independent access to services.

Example: 2 participants in the Latin American Diabetes Self-Management group were able to attend the *St. Paul's Hospital Diabetes Education* program in English. Through participation in MFC mental health promotion programs, one participant learned about the mental health system and has accessed counseling at a mainstream mental health agency.





2. Health Care Team

It has been a busy year for the Health Care Team. We continue to provide high quality primary care to the members of REACH, have participated in numerous research initiatives, piloted new programs, maintained our teaching of medical residents and nurse practitioner students, and we continue to work diligently to improve our data and quality reporting to the Board.

Our care focuses on the residents of Grand View-Woodlands and East Vancouver. REACH's history has 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 settings other than REACH. Our client intake process has been updated and is now both in line with our VCH contract requirements and is a process that is accessible to referring community agencies. In the coming months we plan for our nurses to do some site visits- to help clients connect with us more easily.

As a one year pilot, we were able to create a part time social worker position, modeled on the role of the Multicultural Family Centre's staff role. We were thrilled to have Karen Tennock SW, from the Multi- Cultural Family Centre, supporting medical clients with a myriad of social determinant of health issues. This resulted in many people who experience barriers being assisted to utilize necessary services and supports in the community.

Unfortunately, we are not able to continue with the position, as funding was not renewed. We hope to be able to continue in the future. The side bar here is an example of the difference this position has made. J, the client here, urged us to share her story. It's a concrete example of the importance of this work--- a task that usually falls to our physicians.

We were fortunate to receive specialized training and were able to participate in the VCH "STOP HIV" initiative this year. This is a promotion where HIV testing is offered to all patients in an effort to identify people who are HIV positive. We now know that early treatment will have a profound positive effect for the patient. This is a public health intervention developed in Vancouver that is now being used world- wide.

J is a 47 year old woman who immigrated to Canada with her five children from Africa several years ago.

J worked at several different jobs over the years. In the last year, due to her compromised health, she has not been able to work. This meant she could not afford to pay for the cost of insulin, a glucose monitor or strips which was playing out in very poor health outcomes. She also had not paid taxes because of her lack of income. J was referred to me to help her with her taxes. Because her taxes were not up-to-date she was not able to receive Fair Pharmacare.

As we proceeded to sort through her paperwork I came across two cheques from a job she had in 2008. With English being her second language she had not been able to tell that two of them were actual cheques, worth almost \$900.00 – the amount she owed in back taxes. I was able to track down the company who agreed to reissue the cheques. We were also able to get her an interim insulin supply.

Low income, language and cultural differences and expectations, along with the resulting poor health due to the inability to manage her diabetes, all came together in such a way that J was at great risk of suffering severe health problems.

J now has a steady supply of insulin, some extra money to support her health needs, decreased anxiety about her tax situation and will soon be able to receive Fair Pharmacare. She is now back working and is an enthusiastic supporter of the social work position at REACH.



After 40 years of providing full maternity care, REACH now sees low numbers of pregnant women, many of whom choose to use mid wives or attend community birth programs for the delivery of their children. As a result REACH is no longer delivering babies, but continues to do pre natal and post natal care.

Cross training of the MOA staff is complete, will benefits being seen in increased efficiency, a deeper skill base, a reduced need for sick time coverage and overall a stronger team. The team has done training this year in workplace non-violence and conflict resolution. At the same time, we have started on a journey to provide more “rapid access” appointments for our clients, increasing our ability to provide more same day services.

Research:

1. We are completing our participation in the four year HPV FOCAL Study being conducted by the BC Cancer Agency, in collaboration with about 150 Healthcare providers in Metro Vancouver and Greater Victoria. We are looking forward to the results and how they will impact the care we offer. The purpose of the study is to find out if a test for the Human Papilloma Virus (HPV) can enhance

cervical cancer screening for women in British Columbia. To date, over 25,000 BC women have consented to participate in the study. HPV testing may offer a different way to screen women for cervical cancer. HPV testing is taken the same way the Pap smear is and has been proven to be safe and effective at detecting what it is meant to detect. The HPV FOCAL Study compares HPV testing to the Pap test for cervical cancer screening.



Carol and Kelly promoting We Love Veggies

2. Beginning in September 2012, we will be one of six sites participating in the second phase of a Diabetes prevention research study directed by the *UBC Faculty of Medicine, Departments of Physical Therapy and Family Practice*. The purpose of the study is to investigate two issues: 1) if people at risk of developing Diabetes are given a “Lifestyle Intervention Prescription” by their family doctor and supported by a lifestyle change facilitator, compared to those receiving usual care, will such people have a decreased incidence of type 2 Diabetes; and 2) is such an intervention cost effective in the Canadian Health Care system? This has created a dynamic discussion within staff about our approach as a practice, what is effective care and the nature of “evidence”.

“Thank you...I am sure you already know this, but patients who attend your clinic uniformly regard the services as being superb”.

- Dr Paul Korn, Medical Director, BC Children’s Hospital’s Emergency Department and a member of the Child Protection Team member.

In collaboration with the University of Victoria Centre for Aging, we offered two sessions of the program “Living a Healthy Life with Chronic Conditions”. Unfortunately, enrollment was low, so unfortunately neither program ran.



Data: While we have worked hard to improve our reporting and quality monitoring within REACH, we have also been liaising with our sister CHCs in Ontario. Their research and program evaluation framework has been a huge help to us.

We have also been invited to participate in a VCH committee involving managers/physicians of all VCH funded Community Health Centers, along with REACH and Mid Main, in looking at physician case load (the number of patients a physician is responsible for). The goal is to be able to review the existing case load standards and explore other indicators for reporting.

We look forward to an exciting year ahead, providing quality primary care, furthering research and innovating new services.

Our counseling and nutrition program remain as busy as ever:

The **“We Love Veggies” program** continues this year. This is a “green prescription” and cooking program for families with at least one child under six. How does it work? A physician or nurse practitioner prescribes an extra serving of vegetables daily for every person in the household. Participants attend an eight week veggie cooking class which includes two weeks on how to can and preserve foods. The recipes are all child friendly and delicious! Each week participants receive coupons to purchase the prescribed vegetables at local green grocers on the Drive or the Farmers Market.



**Drs. Lalya Wickremasinghe
and Sandi Witherspoon**

We 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.

The emphasis in counseling continues to be trauma informed, and on individuals facing multiple barriers. The primary conditions we encounter are anxiety and depression. There have been many requests for counseling 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. The groups continue.

This year we held a professional development session with Dr. Carl Weibe, a specialist in the care of clients with personality disorders, an emerging client need.

Dan, our counselor, has become more involved in our intake process, giving new clients an opportunity to meet him.

**Sample of Feedback from the most recent
Mindfulness 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.”



3. Pharmacy Report

Our pharmacy has continued to grow over the past year. This year we filled over 12,000 prescriptions, an increase of over 3,000 from the previous year. We also provided over 10,000 consultations to patients and healthcare providers. Additional Pharmacy hours helped both drive and manage these increases. We also introduced a Pharmacy Assistant who works about 4 hours per week, to assist in our growing compliance pack service. Our push to add new clients has significantly increased our roster size, and we have enrolled more compliance pack clients.

We have continued to secure funding for our continuing education sessions with *Therapeutics Initiative*. These evidence based medicine sessions have attracted several health care providers from outside organizations and have been very well received from our own staff. We are now offering CE credits for these sessions through Therapeutics Initiative. We are hoping to be able to offer at least three or four of these sessions annually.



It has been another successful year and it has been a pleasure to be a part of REACH.

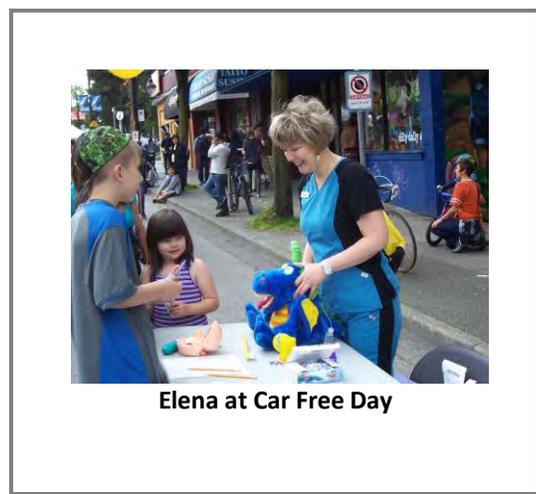
Afshin Jaberi,
Pharmacist

4. Dental Program

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. Where possible, we provide subsidies for those who are unable to pay. Frustrating us is the lack of public support for this care. The fees for providing care to those people living on social assistance haven't increased in over five years, and remain approximately two-thirds of the accepted fee guide recommendation.

We have worked hard to develop a sustainable model—implementing 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, having access to two chairs at any time. We have instituted a consistent recall system, daily huddles and continue to offer over \$120,000 worth of subsidized care.

We want to thank Dr. Larry Rossoff, from UBC Faculty of Dentistry (a former leader in the REACH Dental department) and Nadean Burkett, a practice consultant, and Bruce Ward from the East Van Community Dental Clinic, who have each provided us with their expertise and advice. Thanks to our transition management team – Lina Fabiano (Interim Manager) and Dave Macdonald (our new Operations Manager) for their leadership, vision and coaching. To them and the teams' coordinators; Mary MacEachern, Maria Botero, and Brenda San a big thank you for spearheading the implementation of the strategic plan.



Elena at Car Free Day



Last, but not least, to the rest of the Dental Team for their hard work putting the program on a sustainable footing.

This year brought some staff changes. We said good bye to John Hardie, Maria Severs, Paisely Rader, and we welcomed Alanna Elia. Maria left after 20 years at REACH— we send to her a special thank you for her long and wonderful contribution to REACH. We also thank Gloria Esteban, Janet Anderson-Walsh and Dr. Roushanak Shafaghi for their contributions on temporary bases throughout the year.

We look forward to designing a new space that will allow us to provide more comfortable and diversified care, including private spaces, another x-ray and more!

REACH Program Statistics Summary

		2004-5	2010-11	2011-12	
Health Care	Physicians: visits	16,224	10,660	10,413	
	Nursing: visits		2,348	2,338	
	Counseling: visits and consults	658	592	780	
	Nutrition: visits and consults (group separate)	531	784	298 and group	
	Panel Size	3,817	3,800	3,764	
	New Patients	279	186	175	
Pharmacy	Prescriptions filled	5,620 services	9,240	13,064	
	Panel Size	Not available	Not available	2,104 clients	
	Clients and Consults	Not available	5,160	9,230	
Dental:	Visits/service	6,480 services	2,990 visits	4,232 visits	
	Procedures	Not available	19,065	15,312	
	Subsidized Care and discounts	Not available	\$158,960	\$172,000	
	Panel size	Not available	Not available	2,220	
MFC	Total Service Contacts	12, 993	15,892	14,065	
	Number of clients/panel	Not available	3,069	2,826*	
	Number of group sessions	Not available	474 sessions	442 sessions	
Volunteers			# Hours: 4491	4,426 hours	
	1. MFC	# of Hours # of volunteers	Not available	# of volunteers: 122	119 volunteers)
	2. Dental	# of Hours # of volunteers	Not available	# of Hours: 1464 # of volunteers: 6-8/wk.	# of hours: 2808 123 volunteers
Total: 55,667 services to 11,716 people with 39 EFT					

Where do our clients live? We analyzed our clients by postal code, comparing their postal codes with the postal codes in the catchment area described in our bylaws and long term policy (which defines Grandview/ Woodlands and East Vancouver as from the north from Burrard Inlet, south to 49th Avenue; and east from Ontario Street to Boundary Road.)

- **Pharmacy:** 66% of our clients live inside the catchment area. (But of those outside, a significant number live in the East Hastings and Boundary area.)
- **MFC:** 56% live inside our catchment area (But of those outside, 18% are in the East Hastings and Boundary area.)
- **Dental:** 62% of our clients live inside our catchment area.
- **Health Care Program:** 66% of our clients in REACH catchment area.



**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 Board:

Amber Batho, Lynn Bueckert (part of year), Allison Campbell (part of year), Benjamin Fair (part of year), Vicki Farrally, Jo Fox, Colleen Fuller, Ruth Herman, Jill Kelly, Stephen Learey, Jim LeMaistre, Sonia Parusel (part of year), Myra Perlman (part of year), Ann Travers. Staff Representatives (non-voting): John Hardie and Michelle Georgio (part of year), Lalya Wickremasinghe, Pat Dabiri, Tamera Stilwell.

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

BC Council for Families

BC Dental Association

BC Gaming Commission

BCIT School of Nursing

BDO Canada

Britannia Community Services Centre

Burnaby Family Life (United Way)

Canadian Mental Health Association (B.C.)

City of Vancouver

Curtis Taylor and the staff at Sinclair Dental Supply

Dental Clinic Advisors: Drs. Larry Rossoff, Bruce Ward and Nadean Burkett

Enterprising Non-Profits

Evergreen Foundation

Frontier College

In Memoriam of Dr. Karl Landsberger for the Dental Emergency Fund

Metro Vancouver Alliance

MOSAIC

Our Individual Donors

New Horizons for Seniors

Peter Lincoln and the staff at One Line Corp.

Province of BC *Community Action Initiative*

Renfrew Community Centre

Rotary Club of Vancouver Quadra

Sharon Martin Community Health Fund, Vancouver Credit Union Foundation

SUCCESS

SFU—Friends of Simon program (Faculty of Education)

Steeltoe Consulting

Telus

United Way of the Lower Mainland

University of Victoria School of Social work

Vancity Credit Union

Vancity Foundation

Vancouver Coastal Health Authority

Vancouver Coastal Health Authority SMART fund

Vancouver Community College

UBC School of Social Work and Kinesiology and the Faculties of Dentistry, Medicine and Nursing

Umbrella Multicultural Health Cooperative

“This is the best treatment we have had in our lives, speaking in our own language and sharing experiences. We feel like new men.”

– Latin American Men's Tertulias participant.



Vision, Mission and Values Statement

Vision: A sustainable, healthy community.

Mission Statement

REACH Community Health Centre is a community-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 care, social and educational services to support the physical and mental health and well-being of our community and the individuals within it.

REACH Community Health Centre's Values Statement

1. Access

We believe that all people, regardless of gender, race, ability, sexual orientation, ethnicity, age or other economic or developmental factors 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, sexual orientation, ethnicity, age or other economic or developmental factors may not have adequate access to health and care.

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 endeavor 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 services 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 recognize 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.



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.

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

Please send me a Tax Receipt (provided for donations over \$10): Yes No

I have:

- 1. Enclosed a cheque _____, or;**
- 2. Made an online donation _____ (www.Reachcentre.bc.ca or direct link to secure URL <https://www.canadahelps.org/DonationDetails.aspx?cookieCheck=true>), or;**
- 3. Join 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 debit my account or my credit card each month: \$5 \$10 \$25 \$50 \$_____.**
 - ⇒ **Please attach a VOID cheque for the account.** We will contact you with details. OR
 - ⇒ **Please bill my credit card.**

Card Type: VISA MasterCard **Card Number:** _____

Expiry Date: _____

Name: _____

Phone Number: _____

Address: _____

Postal Code: _____ **Email:** _____

You may change or cancel your monthly donation at any time by calling us at 604- 254-5456 or by email to info@reachcentre.bc.ca. Please give us at least 30 days' notice before your next scheduled donation date to ensure no additional donations are processed. To obtain a sample cancellation form, or for more information on your right to cancel, please contact your financial institution or us.

REACH Centre Association
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Phone: 604-254-5456 Email: info@reachcentre.bc.ca

Charitable Registration Number: 107877375RR0001

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