



Annual Report 2014

REACH Community Health Centre



TABLE OF CONTENTS

PRESIDENT REPORT	1
EXECUTIVE DIRECTOR'S REPORT	4
TREASURER AND FINANCIAL REPORT	6
OPERATIONS REPORTS	7
1.HEALTH CARE TEAM	7
2.PHARMACY	8
3.MULTICULTURAL FAMILY CENTRE	9
4.DENTAL PROGRAM	12
5.ADMINISTRATION	13
6.KEY PERFORMANCE INDICATORS	14
UPDATES FROM OUR PARTNERS	15
CWHWAC	15
SPECIAL THANKS TO OUR SUPPORTERS, VOLUNTEERS AND FUNDERS	16
VISION, MISSION AND VALUES	17
DONATION FORM	18



PRESIDENT'S REPORT

REACH has a long and proud history. It is the oldest Community Health Centre in BC and one of the oldest in Canada. Since 1969, REACH has been committed to providing a broad range of health and social care services to a broad range of people who live in Grandview Woodland and East Vancouver. REACH is funded by Vancouver Coastal Health (VCH) to provide medical and allied services to those who live in this catchment area. In addition to interdisciplinary medical services, REACH provides full dental services and pharmacy, and has a very successful immigrant and refugee health promotion service program through its Multicultural Family Centre.

The board is made up of representatives from the community elected by the members and four non-voting staff representatives, bringing a level of accountability and responsiveness to the organization.

Over the past several years, the board has been improving its governance practices. Annually, we prepare a strategic plan with quarterly reporting to the board on progress on that plan. This report is our opportunity to inform the members and the public about REACH. In our strategic plan, we focus on five areas: Revitalize, Redevelop, Innovate, Communicate, and Be Accountable.

Revitalize

Key priorities in this area include establishing a sustainable financial plan, including a capital reserve, and reinvigorating fundraising to support both operations and facility renovations.

As you will see from our financial statements, we have made good progress in the area of financial health, but we have not yet launched a fundraising initiative.

Redevelop

Key priorities in this area include reviewing program areas, ensuring compliance with Vancouver Coastal Health contract and facility planning.

Vancouver Coastal Health has announced a shift in focus for the primary clinics they fund, to better serve those with very complex social and health care needs. Specifically, they have asked the REACH health care department to increase its patient roster by adding those with complex health issues and to increase patient accessibility.

To that end, our physicians have added almost 700 patients in the 2013-14 year. We have begun a drop in youth clinic on Wednesdays and Thursdays, and are now open Monday through Thursday until 7:30 pm. We have instituted same day and drop-in appointments. Starting in September, REACH will be leading groups in diabetes prevention, smoking cessation as well as anxiety and depression.



The dental department has expanded, and last year, earnings increased enough to be able to increase subsidies for low-income patients. Pharmacy has also increased its volume and provides counseling on medications. Multicultural Family Centre continues to provide stimulating and supportive programs for the immigrant and refugee communities.

The second priority area is the physical building. Although the structure is sound, the mechanical systems are at the end of their useful life. To undertake this work, we have been advised that the building must be entirely renovated. This is an opportunity to improve work flow and update the premises. We will be using design principles which support user involvement in the design process. We expect to relocate temporarily during the construction period. Once our plans and budgets are firmer, we will hold a special general meeting to review them and seek membership approval to take out a mortgage.

The board is always seeking to improve governance, and this year we introduced a more rigorous board renewal process, in which we identified skill sets required for the board, determined which were missing in the current board, and identified those skills in our call for nominations and review of nominees.

Innovate

Priority areas relate to facility planning and advocacy on community health.

Our design process for the renovated facility will include consultation with staff and patients to improve work flow, efficiency, and outcomes.

REACH seeks to be innovative in its service delivery. We have increased the breadth of our multi-disciplinary team with the addition of social workers to complement the counselor, nurses, and pharmacist. We have also added and expanded the Navigator program, Basics for Health, to assist clients in any of our programs to access other services to address social determinants of health.

The board recently decided to investigate additional options for delivery of primary medical care to the community as a whole, while Vancouver Coastal Health is focusing on the most complex patients. We will be considering fee-for-service, but we prefer a model that is patient-focused, rather than based on volume. Unfortunately, the B.C. Government and Doctors for BC (formerly the BC Medical Association) do not currently promote models other than fee-for-service.

REACH participates in the Canadian Association of Community Health Centres (CACHC), and have made connections with the association of community health centres in Washington State.

Communicate

Improved communications with our members and the community is a key priority for the board.



Over the past couple of years, we have partnered with Metro Vancouver Alliance to undertake a Listening For Directions project, in which we spoke with many community organizations and their members regarding their priorities and key unmet needs within our community. As you may expect, the priorities were things like affordable housing and improved transportation – social determinants of health. Although many of the community’s needs are outside of REACH’s focus, our new Basics for Health navigator program will assist our patients in connecting with other resources.

The board is currently developing a comprehensive communications plan, which includes improving access to information through our web-site, so members and patients can easily stay informed on our activities.

Be Accountable

Improved monitoring of strategic priority areas and clear reporting on results have been the focus.

Last year the board introduced quarterly reporting in which committees report to the board on progress on strategic priorities, and management presents a Dashboard of key indicators on operations. Financial reporting has also improved, with quarterly reports by department with budget and previous year comparisons. In this way, the board can focus on the areas requiring attention.

Looking forward, the board will be focused on the building renovation planning, communications, and continuing to build on its strategic plan. We intend to build a stronger organization, in an improved facility, which can serve our local community into the future.

I want to thank my fellow board members, particularly Ruth Herman, Past President, who will be leaving the board at the end of this meeting, as she has served the maximum allowable terms.

I also want to thank Madeline Boscoe, Executive Director, for her hard work and commitment, and Nicole LeMire, Team Leader/Operations Manager who has been overseeing the changes in the Health Care Department and all the staff and Management Team for their invaluable contributions to making REACH the success it is.

Jill Kelly, President on behalf of the REACH board of Directors 2013-14 - Lou Black , Lynn Bueckert Jo Fox, Colleen Fuller, R. Herman, Stephen Learey, Jim LeMaistre, David Perry, Shannon Pidlubny, Lyndsay Poaps, Vicki Scully and Christie Wall



EXECUTIVE DIRECTOR'S REPORT

As you will see from the reports that follow, we have had a busy and productive year--- providing care, implementing our Strategic Plan and addressing all the unanticipated challenges that came along. Thanks to our wonderful staff, Board, and volunteers. Their boundless energy, constant commitment and remarkable ability to keep their compassion during challenging times have been inspiring. A special thanks to the members of our management team: Maria Botero, Dental; Patricia Dabiri, MFC; Afshin Jaberi, Pharmacy; and Nicole LeMire Health Care Team and Operations for their passion and critical thinking.

Our aging facility with leaks, too much heat/not enough heat and electrical glitches continue to create new challenges for clients and staff. Thank you to staff, clients and community members for your patience. This year, with consultant Heather Tremaine and our facility committee, we spent significant time exploring our options, looking at other building options and working a plan to manage the new operating costs. This led to a board decision to renovate the current site. The RFP's for the project manager and the architect were put out this summer and hiring is almost complete.

We soon will be in the design and planning stages—keep your ears open for client, member and community consultation events coming up soon- likely late October. The renovation needed is so extensive we will need to move away temporarily. The move dates and temporary site(s) options are still being developed but we will have a communication plan in place to make sure our clients know the when and where to find us. A first step in this plan has been a move of our website to format that makes updates easier with a fresh new design, the addition of a Facebook page, and twitter account. Thanks to Kimberly Woodward and MG Technologies Inc. for their work in helping us get set up.

This past year, we were invited to participate in Vancouver Coastal Health's urban primary care program review. Our health care team has worked hard to implement our new performance goals --- benchmarks developed by our peers in the Ontario Association of Community Health Centres and those expected by our funder, VCH and ultimately the Ministry of Health. Our thanks to Geoff Trafford, consultant, on his insights and suggestions. We continue to work with the Doctors of BC's (formerly the BCMA) Practice Support Program as well. We have brought back the social work position and continue to support the volunteer based 'system navigator' program, Basics for Health. Our pharmacy continues to grow and we are planning to increase staffing to support the additional work after the renovation.

The Dental clinic's plan to increase efficiency and provide a stable subsidy program continues to move forward well. The team's hard work shows in the growth of the practice. We undertook an external review of the Dental Clinic's future business plan. This plan would include the clinic's new operating costs after the renovation. Dental equipment is expensive equipment! And thus we wanted to make sure we could manage these new costs as we do not receive any operating funding for our dental services. The review was very positive and provided us with



some helpful suggestions on managing this busy practice during the move to temporary space and the return.

MFC continues to provide support, system navigation and health education to a wide range of communities in and out of our building.

You will find many more details in the pages that follow on what our teams have been doing and the feedback they have received.

This year saw two of our very long term staff; one of our dentists, Dr. Jim Severs and our dietician Carol Ranger go on long term leave. We and their clients miss them and wish them well.

This year, building on REACH's history of and commitment to outreach, action and partnerships, we:

- provided support for Britannia Secondary School's Dr. Carole Pigler Christensen Scholarship – Congratulations to this year's recipient.
- co-sponsored and helped plan the "Poverty is Hazardous to Health" Speaker week with the B.C. Anti-Poverty Coalition. In support of this event, we developed a poster on poverty and health and, with his permission, created a Vancouver version of his client pamphlet on resources for income supports - called "Resources to Maximize your Money". It's available on the BC Anti-Poverty Coalition website and on ours.
- were highlighted in Vancity Credit Union's Make Good Money campaign this spring. We joined their staff on a cold spring day to promote particularly pharmacy and dental clinic.
- continued our partnership with:
 - Metro Vancouver Alliance in our "Listening for Direction" outreach project;
 - Manjit (Jeet) Chand of Basics For Health to support our new volunteer based patient navigator program
 - Dr. E. Moore and BC Women's and Children's "RICHER" program for at-risk youth and families. They have actively involved in the development of our new youth clinic.
 - Continued to lend our space to the Catherine White Holman Wellness Centre (formerly known as the All Genders Wellness Centre for their bi-monthly clinic for trans and gender diverse people.
 - Canadian Association of Community Health Centres and their research committee
- Started a new partnership with Green Shield Canada who are helping to support the subsidy program in the dental clinic and the volunteer coordination of the system navigator program.



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

Madeline Boscoe, Executive Director



TREASURER AND FINANCIAL REPORT

In 2013-14, REACH continued to maintain a good and balanced financial position. Significantly, we have accumulated a three months' operating reserve, a big step towards meeting the recommendation of our auditors as the minimum requirement for good business finances. Our staff have worked hard to improve our revenue, contain costs – a necessary step in our facility redevelopment plan. Special thanks to the pharmacy and dental teams for their efforts in contributing this success.

Ruth Herman, Treasurer

Condensed Statement of Revenues and Expenditures Members Equity for the Year Ended March 31, 2014

	2014	2013
Revenue		
Medical Grants	\$ 2,499,557	\$ 2,468,228
Dental Fees	1,409,493	1,239,282
Pharmacy Sales	496,502	488,853
Multicultural Family Services	385,034	444,166
Other	76,660	75,024
	4,867,246	4,715,553
Expenses		
Salaries and Benefits	3,284,772	3,326,891
Direct Services and Supplies	465,414	479,405
Administration	775,703	770,123
	4,525,889	4,576,419
Net Assets		
Net Revenue over Expenditures	341,357	139,134
Internally restricted for contingency purposes	522,282	357,508
Invested in property and equipment	438,209	463,849
Total Net Assets	\$ 1,301,848	\$ 960,491



OPERATIONS REPORT

1. HEALTH CARE TEAM

In addition to having admitting privileges to St. Paul's Hospital, our physicians provided primary care with 24/7 coverage, including home and extended care visits. To improve access, we extended clinic hours during evenings Monday to Thursday, carried on our work with BCMA's Practice Support Program and continued to base our work on advanced access principles. We introduced a walk-in clinic on Wednesday evenings for youth under 25 of age. In making these changes to improve access, we were able to accept 669 new patients to the clinic. As well, compared to previous year, we increased panel size by 12% and number of visits by 43%.

Social Worker

Our social worker is a bridge towards a more integrated and healthy place within the community. As one client said, "I am happy to know you; I don't feel so alone anymore."

Counselor

"The counseling support I received at REACH is top notch. When I was going through a personal crisis my doctor referred me to the onsite counselor. It made all the difference in the world that it was a free and accessible counseling service. I was able to put my life back together and move on thanks to the services provided by REACH."

This past year, we worked towards strengthening our team with a focus on a multidisciplinary approach to health services. We hired a registered nurse and an additional licensed practitioner to provide health care services within their scope of work, making it possible for physicians to handle more patients.

In addition to our counselor, we hired a social worker to provide clinical sessions to patients facing social issues, assist physicians with forms and manage referrals for social support and services. The emphasis for our counselor continues to be trauma informed with individuals facing multiple barriers. There have been many requests for counseling services from our local community over the past two years and there is an ongoing effort to find alternative, suitable services, involving no fee, low cost or service providers who offer

a sliding scale.

All our professionals allocated several hours to consult with agencies, specialists, physicians, staff, and external consultants to provide the best possible services to our patients.

We are conscious that some patients might have higher needs than others and strategies aimed at specific groups were put in place. We have resumed our group program to support patients with chronic anxiety and depression. Two groups were held by our counselor between January and March 2014. We were very fortunate to have two very skilled volunteers co-facilitating our groups: Lyne Brindamour RCSW and Marianne Brophy BCom, IBCLC. Both have been providing very successful groups for women struggling with post-partum depression on the North Shore for many years. The program focuses on building resiliency skills. These turned out to be very successful and useful to our patients. We plan to offer more of these group visits in the coming year.



We have initiated a strategy to provide youth with primary care services. Initiatives, involving partners from RICHER, East Vancouver Youth Clinic and other partners in the community were implemented. To assist this population, REACH has set up a discount program to offer low cost reproductive supplies to youth to be implemented in May 2015. Systems are being put in place to ensure we monitor activities and results associated to this initiative.

Our social worker ran groups such as We Love Veggies, a joint medical/MFC program, the MFC Community Garden program and the MFC Vietnamese Women's Support group. These groups were designed to respond to the needs of specific groups within our communities.

We also made plans to permanently integrate the Navigator program, Basic for Health, into our clinic and will expand it into the dental clinic and MFC during the next fiscal year.

Other group interventions to address social determinants of health will be introduced during the next fiscal year.

With PITO, we looked at making a better use of our Electronic Management Records (EMR) by our physicians to improve clinical effectiveness and practice efficiency. We looked at ways to standardize scheduling and data entries to maximize our ability to analyze information for the purpose of quality assurance. A plan to optimize the use of our EMR has been developed and will be implemented in the next fiscal year.

2. PHARMACY

The 2013/2014 fiscal year was very successful for our pharmacy. We had a significant increase in our number of prescriptions and panel size; consistently filling more than 1400 prescriptions a month and a roster of over 2800 clients.

Most of this increase was as a result of further growth in our compliance pack clients. We were again very successful in renegotiating our generic prices in order to maintain our profit margins in the current landscape. Furthermore, our collaboration with the Galliano Health Care Society continued to grow further and helped our panel size.

As a result of our audit by the College of Pharmacists of BC, we have developed a monthly report for narcotic usage and have begun to write a policy and procedure manual for our

Feedback from the Resiliency Group:

“Learned clear, decisive steps on how to be mindful of and deal with Anxiety”

“Heard how other people deal with anxieties/stressful situations”

“Stress reduction tools”

“I was reminded of how important it was to take care of myself”

“Body in Cognitive Behavioral Therapy (CBT) not just Mind”



pharmacy. Finally our pharmacist fulfilled his requirements with a license exam. This needs to be repeated once every ten years.

The pharmacy landscape in BC is dramatically changing over the next couple of years, but we have positioned ourselves well for anything that may come as a result of new provincial legislation regarding generic drug pricing. The pharmacy went through the latest Pharmanet network upgrades. These changes will speed up access and make us ready for future cloud based systems. We are planning for the renovation and expanding our services- longer hours, more staff and offering more consultation and injections. We also have heard that there is a community need for high quality methadone dispensing services in our area. We are investigating the feasibility of offering this service in our renovated space.

We are looking forward to another great year in 2014/2015.

3. MULTICULTURAL FAMILY CENTER

Our MFC programs are designed and implemented in collaboration with members of the target immigrant and refugee communities. With the intent of building community capacity to identify and manage their own health needs, programs recognize and enhance the expertise and participation of the community and its members. Our staff are called Cross-Cultural Health promoters. We often get asked what this means.

What is a Cross-Cultural Health Promoter? A Cross-Cultural Health Promoter (CCHP) is a frontline health worker who is a trusted member of the cultural community served. This trusting relationship is built through shared experience and understanding, including that of culture. This enables the CCHP to serve as an effective liaison between health/ social services and the community, facilitating access and improve the quality and cultural competence of service delivery. A CCHP also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, e.g., outreach, community education, health promotion, informal counseling, system navigation, social support and advocacy. MFC CCHPs have training & experience in social work, counseling, medicine and early childhood education.

How is this different from interpreters? Interpreters only provide episodic language interpretation services. In contrast, CCHPs support communities' health and wellbeing in a holistic way; many CCHPs are leaders and change agents in their communities. Whereas interpreters generally work to bridge communication within an episode of care, CCHPs provide continuity across episodes and across sectors.

...Or translators? Translators work in a very different way from interpreters: the key difference is that translators work with *written* words and interpreters work with *spoken* words. Translators write and interpreters talk!



Program Highlights

1) *Community Garden Enhancement*: With funding from the Vancouver Park Board, La Cosecha Community Garden members are holding a series of workshops and work parties with a visual artist to plan, design and produce an art installation to reflect the four seasons of the garden. The project uses a community development approach to promote social connections among the participants and the neighbouring community.

2) *We Love Veggies*: United Way funding has been renewed until March 31, 2016; as of January 2014, the target population was extended to include parents with children aged 6 to 12, encouraging families to include more vegetables in their diet.

3) *Vietnamese Health and Wellness Program*: Through weekly line-dancing and ballroom dancing sessions, Vietnamese seniors are keeping physically and mentally fit, and learning about maintaining healthy lifestyles.

4) *African and Middle Eastern Women's Life Skills Program*: has been providing life skills workshops on Community Participation, Personal Development, and Household Management for refugee women from a variety of Middle Eastern and African countries. We were successful in signing a Contribution Agreement with Citizenship and Immigration Canada to continue the program, and extend services to the emerging Ethiopian and Eritrean communities.

5) *Community Action Initiative*: Our Letter of Intent was accepted, and we received a Convening Grant to develop a proposal supporting Ethiopian, Eritrean, and Afghan families who have experienced trauma to connect with their local neighbourhood and cultural communities. If the proposal is accepted, the project will begin in August 2014.

Outcomes

1: Participants have increased knowledge of health and community resources.

⇒ 89.6 % of participants surveyed reported success in accessing community services

Example: a young pregnant woman married to a Permanent Resident was in Canada on a visitor's visa, and did not qualify for medical services; through participation in the MFC program the Cross-Cultural Health Promoter connected her with nursing students who were able to see that she was able to have pre and post- partum care, child care for her older child, and social support through the MFC group.

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

⇒ 94.8 % of participants surveyed report 90.7% of participants surveyed indicated improved communication between themselves and their care provider

Example: a middle aged African woman with multiple complex medical conditions, with no family doctor and beginner level English, was able to access a family doctor at REACH, and to communicate in English with the cultural support of the MFC African CCHPs

3: Participants reduce social isolation.

⇒ 94.8 % of participants surveyed report receiving social support from group.

Example: members of the Community Garden find that the physical activity of gardening, the social contact, and consuming the healthy organic food they grow in the garden has alleviated their depression.



6) *African Children's Homework Club*: The program not only has had a positive impact on the children who participate; the growth and development of the SFU Friends of Simon tutors is almost as significant. We have seen a dramatic improvement in their ability to direct and instruct activities, and relate to the children, enhancing their potential as future teachers. The Homework Club Coordinator plays a major role in mentoring these students. Many of the tutors are involved with the Homework Club for their entire university career and establish close relationships with the children, confirming the Middle Childhood research findings re the benefits of positive adult-child relationships in this age group.

7) *African Children's Summer Literacy Camp 2013*: 4 students were hired as Camp Leaders, with funding from TELUS and Service Canada; the camp ran 3 days a week for 9 weeks at Hillside Gardens in July and August, providing literacy based activities to enhance social and academic skills.

8) *AMSSA Diversity Health Fair*: March 1, 2014: participated on Steering Committee; Social Work students, Elena Franciscini and Pamela Toor, along with MFC staff, developed an interactive booth on gardening as a healthy family activity; we had 323 people participating in our activity, which was planting carrot seeds to take home and grow.

9) *Tertulias*: members of the Tertulias group, professional Latin American men with foreign credentials not recognized in Canada, gave presentations related to their fields to the group, and also to outside organizations, as way of maintaining a connection with their professional identity, while reestablishing themselves in a new social and professional context.

10) *Latin American Seniors Social Club*: the *Convivencia Cultural* (Sharing our Culture) Project, funded by New Horizons for Seniors, was successful in recruiting a group of volunteer seniors to bring Latin American cultural events to seniors from the Latin American community who are socially and culturally isolated in Long Term Care facilities. In addition, members of the seniors group participated in an intergenerational project with Latin American youth from Britannia, and initiated a Spanish-English learning exchange with English-speaking seniors at the Lion's Den.

Outcomes

4: Participants receive culturally appropriate assistance with personal concern.

⇒ 93.7 % of participants surveyed report receiving help from someone at MFC who understands them.

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

⇒ 92.2% of participants report having regular family doctors

⇒ 93.5% of participants report having made healthy lifestyle changes

⇒ 97.4% of participants report improved independent access to services.

Example: A participant who has been assisted by MFC CCHPs to navigate the health care system for three years is now able to assist members of her community to access health services.



Community Involvement

MFC staff, students, and community volunteers participated on the following community committees and consultations:

- AMSSA Diversity Fair Steering Committee
- Asociacion de Profesionales Latino Americanos de la Salud Mental
- Basics for Health
- Burnaby Early Childhood Development Table
- Burnaby Literacy Forum
- Community Health Worker Network of Canada
- Cross-Cultural Seniors Network
- Greater Vancouver Food Bank Town Hall
- Grandview Woodlands Area Service Team
- Hillside Gardens Advisory Committee
- Metro Vancouver Alliance
- Kiwassa East Vancouver Nobody's Perfect Steering Committee
- My Health My Community
- Network of Health Promotion Providers
- SMART Fund Networking Event
- SMART Reference Group
- TELUS Celebration of Giving
- Trans Link Community Consultation re Compass
- UBC Division of Health Care Communication
- Vancouver School Board Antiracism Committee
- Viet Net

Partnerships

- Britannia Community Services Centre
- Burnaby Family Life
- AMSSA
- Lion's Den (Britannia)
- Building Blocks (MOSAIC)
- Minoru Community Centre
- Watari
- SFU Friends of Simon
- SUCCESS
- MOSAIC
- Frontier College
- Family Services of Greater Vancouver
- Impact BC Basics for Health
- BCIT School of Nursing
- UBC School of Social Work
- U Vic School of Social Work

Practicum supervision

- UBC School of Social Work: Halina Wloka (3rd year BSW), Joanne Magtoto (MSW), Elena Franciscini and Pamela Toor (3rd year BSW)
- U Vic School of Social Work: Nicholas Candaele (4th Year BSW)
- BCIT School of Nursing: 8 students

4. DENTAL PROGRAM

Our Dental program has been in operation since 1968, providing oral health care to government insured, private insured and non-insured patients. We are a self-sustainable practice with no public funding. We continue to provide a subsidy for low income patients – who make up more than 1/3 of our practice. This has been and continues to be a great challenge, given the high demand. The decreasing access to private dental insurance, the lack of living wage policies and the freeze on government social insurance fees have all contributed to this high demand.



We continue our work in improving our access and efficiency. This has allowed us to increase our practice and expand slightly our subsidy program. We are very grateful to the Green Shield Foundation for the support they have shown us this year.

We have a monthly dental meeting to discuss any topics of interest and to give every team member the opportunity to express any concerns or ideas, to know what is working and what is not in order to implement measures that help us improve our operation.

We are open 6 days a week to perform general dentistry and dental hygiene. We also expanded our services and now offer “Invisalign” (orthodontics without braces) and have a dentist that performs complicated extractions and complex root canals at regular fees and comes to the clinic once or twice a month. We regularly have 2 dentists and 1 hygienist work every day and an extra hygienist works every other day.

In May and June 2013, we had the VCC Hygiene program students doing their practicum and as usual it was great! It gave some of our patients the opportunity to have excellent dental hygiene treatment at a very low cost. And we are proud of having been able to give the students the opportunity to do their final practicum before graduation.

I would like to highlight that 2 of our Dental Assistants have recently graduated from Vancouver Community College Distance Program and are now Certified Dental Assistants. They not only finished the program and graduated but also received Scholarship Award for OUTSTANDING ACADEMIC ACHIEVEMENT. They are Elena Nikolaeva, and Nina Samimi. We are very proud of them.

5. ADMINISTRATIVE TEAM

Our administrative team worked hard to support our different departments so their activities can concentrate on services to clients and patients. In particular, this past year has been filled with the creation and review of administrative policies, procedures, and practices, specifically looking at health and safety, sensitive information, third party billing and new hire practices. We also focused on recording more accurately MSP billing transactions to support substantial increases in activities at the medical department.

In order to provide the best support that is possible, we always look at ways to improve our systems. This year, we implemented new payroll software, improving efficiency in that area by implementing all components of our existing payroll to the new system.

Communication was on our priority list. To this effect we have been dutifully working to revamp REACH website, reworking the content, structure and imagery to better showcase who we are and to better communicate relevant information. The new website was launched early September 2014.

Finally, thanks to our administrative team, we are able to raise our contingency fund to the minimum suggested goal from our auditor.



KEY PERFORMANCE INDICATORS

Team	Indicators	2004-5	2010-11	2011-12	2012-13	2013-14
Health Care	Physicians: visits	16,224	10,660	10,413	12,731	18,256
	Nursing: visits		2,348	2,338	2,770	2,313
	Counseling - visits and consults	658	592	780	558	528
	Nutrition - visits and consults ¹	531	784	298	542	29 ¹
	Social Work – visits and consults ²					138 ²
	Panel size (revised)		2,549	2,682	3,086	3,386
	New Patients	279	186	175	492	669
	Staff FTE					15.96
Pharmacy	Prescriptions filled	5,620	9,240	13,064	14,706	18,525
	Panel Size: # of clients seen once in 2 years	NA	NA	2,104	2,373	2,717
	Clients and Consults	NA	5,160	4,890	4,750	7,675
	Staff FTE					1
Dental	# of recall visits	n/a	n/a	1,202	1,262	1,295
	# of visits	6,480	2,990	7,794	8,069	n/a
	# active patient on recall	n/a	n/a	1,020	1,262	1,295
	Subsidized Care and discounts	NA	\$158,960	\$172,000	\$149,150.	\$215,392
	Panel size	NA	NA	2,220	2,422	2,870
	Staff FTE	NA	NA	NA	NA	13.73
	Volunteers:					
	# of Hours	NA	1,464	2,808	2,496	1,456
	# of volunteers	NA	6 to 8 per week	23	20 regular and 25 part time	27
MFC	Total Service Contacts	12,993	15,892		17,224	17,664
	Number of clients/pane	NA	3,069	2,826	2,758	2,242
	Number of group sessions	NA	474	442	582	762
	Volunteers:					
	# of Hours	NA	4,491	4,426	5,007	4,785
	# of volunteers	NA	122	119	110	115
	Staff	NA	NA	NA	NA	5.4 FTE 2 casual
Admin	Staff	NA	NA	NA	NA	4.9
Summary	In 2012-2013, we provided approximately 61,932 services to 10,639 people with 3.9FTE staff. In 2013-2014, we provided approximately 67,953 services to 11,397 people with 4.0FTE staff.					
2013-14 Notes: 1. Nutritionist only worked for a short period (Apr-May 2013) 2. Social Worker started Jan 2014 , this number does not include program development						



UPDATES FROM OUR PARTNERS

The Catherine White Holman Wellness Centre's Clinic at REACH

This year has been another busy year for the Catherine White Holman Wellness Centre. We receive no funding outside of what we can bill MSP, and everyone who puts time into our clinic continues to offer their time as volunteers. All of our services are free of charge to trans* and gender variant identified people.

Throughout the year we continued to provide medical and nursing services, one-on-one short term counselling, harm reduction and safer sex supplies, yoga classes, legal support, consultations with a registered nutritionist, social space, and free binders. Our team has grown this year to 26 volunteers. We've added more counsellors, an occupational therapist, and 2 art therapists. With the addition of these people to our team we have been able to offer drop-in counselling, 1 on 1 occupational therapy, and a monthly art drop-in group.

We partnered with Saige Community food bank to hold a community kitchen in the space once every 2 months. These community kitchens are well attended, and attract people who haven't accessed the clinic previously. It's always nice to get to sit down and eat with a group of folks at the end of a clinic.

We also partnered with the Trans Health Information Project to apply for a grant from the Law Society of BC. We received a large grant to produce a legal tool kit for trans people. Work on this project was started over the summer.

This year we also hosted a community dinner in December and a meet and greet in Grandview Park in the summer. Both of these events were well attended and helped to build community among people who access our clinic. We also took part in this year's Trans and Gender Diverse March over Pride week.



This year we are planning on taking some time to explore how we can maintain the sustainability of our organization. We are so grateful to REACH for making our clinic possible!



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 their generosity and confidence in the work that we do, and for supporting the concept of community health care!

OUR FUNDERS AND DONORS

- Vancouver Coastal Health SMART Fund
- Vancouver Coastal Health- Primary Care
- BC Gaming Commission
- United Way of the Lower Mainland
- BC Council for Families
- Service Canada
- Evergreen Foundation
- TELUS
- BC Ministry of Jobs Tourism and Skills Training: Welcome BC
- Employment and Social Development Canada: New Horizons for Seniors
- UBC – BCDA Dental Pilot Project
- Province of BC Community Action Initiative
- And our Individual and Monthly donors
- Barrick Gold Corporation
- BC Dental Association
- Kbs+
- Maxam Metal Products Ltd
- Line One
- City of Vancouver
- Burnaby Family Life

OUR COLLEAGUES AND CONSULTANTS WHO HELPED US THIS YEAR

- Nadean Burkett & Associates Inc.
- SteelToe Consulting
- Lina Fabiano Consulting
- Geoff Trafford
- Valerie Embree
- Britannia Community Service Centre
- BCIT and VCC School of Nursing
- Kiwassa Neighborhood house
- Manjeet Chad and Basics for Health
- Pamela Toor and Elena Francesini, UBC social work students
- Umbrella Multicultural Health Cooperative
- UBC & U Vic Schools of Social Work
- Edmonds Community School
- SFU Friends of Simon
- SUCCESS
- MOSAIC
- Frontier College
- Heather Tremaine
- Line One



OUR VISION, MISSION AND VALUES

Our Directional Statement

“We provide primary health care¹ predominantly to the residents of East Vancouver² in order to reduce health inequities and promote healthy communities”.

Our Vision

A sustainable, healthy community

Our Mission Statement

REACH Community Health Centre is a community³-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.

Our 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 eco-systems - 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

¹ 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.” It includes but is not limited to health promotion, illness prevention, home support, dental care, social and educational services and community engagement, community rehabilitation, pre-hospital emergency medical services, and coordination and referral to public health services such as water, light, food, disease control.

² Per policy statement on Membership where East Vancouver is defined as “On the north by Burrard Inlet, south to 49th Avenue; and east from Ontario Street to Boundary Road”. (Note this is separate from restrictions arising from funding contracts.)

³ 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.



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 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. Communication

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.

⁵ 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.



DONATE TO REACH!

Why donate to REACH?

Every dollar of your donation goes to supporting the elimination of health inequity in East Vancouver. We deliver primary care, dental care and various community services. Our work and mandate are clear and your support keeps us doing the work we've been doing for more than 40 years.

Why donate NOW?

The economic and political climates in the province and across Canada have created funding challenges for many charities and non-profits. While our funders have continued to support us generously, our building is nearing the end of its life, and we need to continue on the path to a sustainable future in a new or renovated facility.

How to donate:

1. Online donation from our website- <http://www.reachcentre.bc.ca/> using *Canadahelps*.
This is the easiest way to make one-time, monthly and/ or annual donations.
2. Fill out the form below.

Tax Receipts will be issued automatically at the end of each year. You can make donations at any time.

Please Note: To receive a tax receipt for your donation over \$10, we need you to fill in the following:

NAME: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER: _____ EMAIL: _____

I would like to receive REACH updates via email

One-time donation payment options:

<input type="checkbox"/> Cash Enclosed for \$ _____	<input type="checkbox"/> Cheque Enclosed for \$ _____
<input type="checkbox"/> Bill my Credit Card for \$ _____	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number: _____	Expiry Date: _____
Signed: _____	Date: _____

Charitable Registration Number: 107877375RR0001



REACH Community Health Centre

Over 30 years of community health in community hands



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