



# Annual Report 2015

REACH Community Health Centre



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## PRESIDENT'S REPORT

During the past year, the Board focused on three key areas: the building renovation/renewal, strengthening our programs, and continuing to build on our strategic plan.

### The Building

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The building renovation has taken most of our attention over the past year, and we have moved ahead with the project.

Two open house evenings were held to present our plans to members, patients and the community. Two special general meetings were held, to approve borrowing to finance the project.

The building renovation is extensive. An elevator will be added, and the second floor needs to be raised to allow sufficient ceiling height for the first and second floors for the ductwork required for air circulation requirements. The area both above and below the current medical wing will be enclosed, improving work flow and expanding available floor space.

The renovation is so extensive that we cannot stay in the building during the construction period. Therefore, we have secured sites for our temporary relocation during construction. Dental will move to 10<sup>th</sup> and Commercial, medical and pharmacy will move to Hastings and Slocan. We are hopeful that all others can be accommodated in these two sites.

We have negotiated a mortgage with VanCity to finance both the main building renovation and the leasehold improvements needed at our temporary sites.

Although the City of Vancouver has been very helpful, timing of the renovation approvals is a moving target. We plan to relocate late this year, returning about a year later.

A special thanks to everyone who provided support to our Development Permit application process. We received many supportive letters from members, the community and local businesses.

We have been ably assisted in all of the building processes by our client representative Robert Major (MMM Group) and architect Kirsten Reite (KRA Architects).

### Our Programs

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The Dental Department has continued to do an amazing job over the past year, improving both efficiency and patient service. The department has exceeded its budgeted income, while continuing to provide subsidies to those patients who need it. The ability to provide dental services to all who need it is important to all of us and is our mission. This is especially true for those working in Dental, who have been very successful at building the practice, with over 700 new patients last year. Maria Botero provides the leadership to this team.

The Medical/Healthcare Department continues to focus on excellent patient care. The social workers are a relatively new addition to the team and have proven to be a very valuable addition. Since Vancouver Coastal Health (VCH) provides most of the funding for the medical department, a key focus over the past few years has been changing some of our processes to meet the evolving requirements from VCH. The key change is to increase the number of patients, concentrating on those patients with complex health requirements. To this end, the physicians have been taking in a lot of new patients. The past year saw approximately 700 new patients visit the clinic. Since these are patients with complex needs, it is important to ensure that there is follow-up, so procedures are being developed with the team to facilitate patient recall and flexible



appointment options. The clinic is currently open in the evenings Monday through Thursday, to improve access for patients. Nicole LeMire provides leadership to this team.

The Pharmacy, under the direction of our excellent pharmacist, Afshin Jaber, has continued to expand services to our patients. These services include drug counseling and consultation with other health professionals, as well as access to prescriptions.

The Multicultural Family Centre continues to provide innovative and exciting programs for the immigrant and refugee communities. As we move into the coming year, we are discussing ways to improve referrals and cross-usage between MFC and the Medical and Dental departments. Patricia Dabiri provides leadership to MFC.

Last but definitely not least, the Administration Department keeps it all working smoothly. Among other things, this team makes sure the bills are paid, the board is kept informed, and finances are budgeted and tracked. Nicole LeMire provides leadership to this team.

## Strategic Planning

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In addition to the building renovations and the programs outlined above, the strategic priorities for the board include communications and engagement, financial health and good governance.

We are developing a communications plan that will provide strong messaging about REACH's stories and activities. It will be designed to improve engagement with our members, patients and the community, as well as appeal to potential donors.

Our financial health has been improving, and we feel confident that we can undertake the large renovation project underway. We continue to monitor this closely.

Governance is ongoing. For last year's nominations, the board adopted a board renewal process that evaluates the current board members' skill set and then identifies what's missing, in order to inform the nomination process. Following this year's AGM, the nominating committee will review that process and make suggestions for improvement.

Annually, the board conducts a self-evaluation survey, to identify areas for improvement. Continuing board education is a priority.

The board is monitoring the new BC Society Act which is being phased in, and it is expected to be fully in place by the fall of 2016. Once that takes place, all BC societies will have two years to transition, which will require re-writing their constitutions and by-laws.

In summary, the past year was both challenging and rewarding. REACH made progress in all its priority areas, thanks to the hard work of our board of directors, our Executive Director Madeline Boscoe, our Operations Manager Nicole LeMire, and all the management team and staff. We are fortunate to have such a great group working for us. Finally, we want to recognize the support from our funders, community partners, donors and supporters. We couldn't do it without all the support we receive.

Respectfully,

**Jill Kelly, President**, on behalf of the REACH board of directors: Lou Black, Lynn Bueckert, Mei Lan Fang, Jo Fox, Kurt Heinrich, Stephanie Langford, Stephen Learey, Jim LeMaistre, Barry Morris, David Perry, Vicki Scully and Christie Wall.

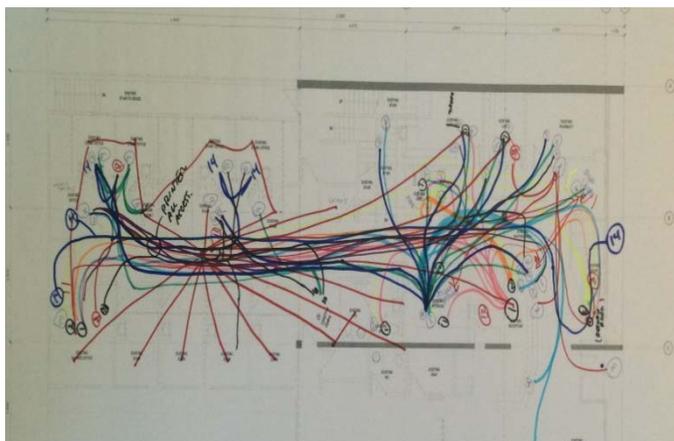


## EXECUTIVE DIRECTOR'S REPORT

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 the way. It could not have been done without our wonderful staff, Board, community partners 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 Jaber ( Pharmacy); and Nicole LeMire (Health Care Team and Operations) for their passion and critical thinking.

Our renovation project is well underway. The amount of energy brought to the planning by our board, management team, consultants and staff is hard to describe and, on some level, scary to try to qualify as we did this work while continuing with our regular jobs! We have been through numerous planning sessions – looking at who works with whom and the flow of patients and staff. Drawings of this flow are called “spaghetti” diagrams and help inform the ultimate design. Here’s an example from one floor of the health care team.



We are gearing up for the move out - now anticipated for late fall, to our temporary sites located at 10<sup>th</sup> between Commercial and Victoria

on the 5<sup>th</sup> floor for the Dental and MFC teams and on t East Hastings for the Health Care program, Pharmacy, Administration and other Services. We are working hard to make sure all our patients make the transition with us.

We expect construction on Commercial to start in December and are planning a party before the move out. Keep your eye out for the date and invitation. If you have not signed up for our email list please do! You can sign up from our website.

I would like to thank our project manager, Robert Major, and Kirsten Reite and her team for their hard work on the renovation project. We would not be able to contemplate this work without our financial partner, Vancity - the energy and support from Jenn McGinn, Ken Hui, and Liz Lougheed-Green in the development of our business plan is an important part of this project.

Our aging facility with its leaks, too much heat/not enough heat, poor air quality, lack of privacy and electrical glitches continue to create new challenges for clients and staff. We are grateful for everyone’s patience.

One of the priority areas this year was to develop a communication and engagement strategy - to keep our clients and community connected to our services and informed of the changes underway and to help us build a case for support as we gear up for increased fundraising. Lesli Boldt has helped us overhaul our website, develop a mailing list and the framework for a virtual newsletter. A special thank you to our clients as well as past and current staff who were prepared to share publicly their stories and experiences.



I had a chance to attend a roundtable discussion with some of our founding and early staff during this project. The stories they shared of the vision, community needs and innovation in the face of significant challenges remain with me. This, our committing to a twenty five year mortgage and REACH's quickly approaching 50<sup>th</sup> year anniversary in 2019 has me thinking about how we capture this story as we vision what our contribution to primary care reform will be in the next half century? We do indeed stand on the shoulders of giants.

The Dental team continues to expand their practice – and passed a significant milestone this past July- their best month of providing service ever!

This past year, we were invited to participate in Vancouver Coastal Health's urban primary care program review and will shortly be observing the implementation of the Downtown East Side Strategy. Our health care team has worked hard to implement our new performance goals --- with benchmarks developed by our peers in the Ontario Association of Community Health Centres, the USA CHC's and those expected by our funder, VCH and ultimately the Ministry of Health. Our thanks to the Doctors of BC's (formerly the BCMA) Practice Support Program for their continued support in this work as well.

You will find many more details in the pages that follow on what our teams have been doing and the feedback they have received. It's an amazing read. Like always, the numbers are only part of the story.

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, Rick Cai;
- partnered with a new supporter, Green Shield Canada, to support our dental program and make our patient navigator program, Basics for Health available to our dental clients. We hope to be able to continue this into the future;
- continued our partnerships with Dr. E. Moore and BC Women's and Children's "RICHER" program for at-risk youth and families. They have actively involved in supporting 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;
- sponsored a physician roundtable on "capitation/population based funding" – an alternative for fee-for-service funding;
- developed new relationships with the Primary Care Outreach team, the Division of Family Practice's attachment program and with RainCity Housing Society's staff at the new Budzey Building for women and children in the DTES and the Kettle's new residence, Taylor Manor.



We are looking forward to an exciting year.

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

***Madeline Boscoe, Executive Director***



## TREASURER'S REPORT

This past year, REACH achieved a significant milestone, having continued a financial record over recent years, which has positioned REACH to qualify for a mortgage to finance the upcoming rebuild of REACH. Not only has REACH completed an impressive turn around in its finances, but the five year projections developed by the REACH management and board, and scrutinized closely by our VanCity mortgage partners, show not only a return to balanced budget within two years of the renovation, but continued possibilities for revenue growth and with that, the potential for further investments in the wellbeing of the REACH community.

Year over year, dental and pharmacy have demonstrated REACH will innovate and thrive when given the opportunity to do so. Dental continues to set a pattern of exceeding expectations, booking almost \$250,000 more in fees than last year. An outside expert review of the dental business completed in 2014 reports even greater opportunity for growth once the renovation is completed and regular operations are restored.

Pharmacy had an outstanding year, with revenues exceeding the previous year by over \$150,000. Again, the staff have found new ways to provide exceptional service to our e community while improving the financial circumstance of REACH, helping to demonstrate the potential for a new and revitalized REACH post renovation.

MFC continues to show a relentless determination to find the funds necessary to support their many unique services. Even in the face tightening government budgets, the leadership in MFC has won a consistent level of funding, always looking for new partnerships to make that happen.

Together, dental, pharmacy and MFC have achieved another significant milestone. For the first time their combined revenue exceeds that of the core funding received from VCH for the medical program.

Funding for the medical program remained constant year over year, and the medical team continued to work to ensure the expectations of the funder were not only met, but exceeded. All staff should be commended for their ongoing commitment to build a secure financial future for REACH.

Last year, the treasurer reported achieving the accumulation of a 3 month operating reserve, and this year the board established and made contribution toward achieving a 6 month operating reserve. Finally, the 5 year projections include annual contributions to a capital fund with the hopes the next generation of our REACH community will face the inevitable requirement for building upgrades and repairs with greater financial means.

My many thanks to the leadership of Jill Kelly and Madeline Boscoe, the patience of Yumi Sakamoto and the support of Mei Lan Fang.

***David Perry, Treasurer and Finance Committee Chair***



## Condensed Statement of Revenues and Expenditures March 31, 2015

	2015	2014
<b>Revenue</b>		
Medial Grants	\$ 2,503,198	\$ 2,499,557
Dental Fees	1,655,900	1,409,493
Pharmacy Sales	652,924	496,502
Multicultural Family Services	430,265	385,034
Other	79,030	76,660
	<b>5,321,317</b>	<b>4,867,246</b>
<b>Expenses</b>		
Salaries and Benefits	3,382,043	3,284,772
Direct Services and Supplies	533,338	465,414
Administration	881,203	775,703
	<b>4,796,584</b>	<b>4,525,889</b>
<b>Net Assets</b>		
Net Revenue over Expenditures	524,733	341,357
Internally restricted for contingency purposes	757,070	522,282
Invested in property and equipment	544,778	438,209
<b>Total Net Assets</b>	<b>\$ 1,826,581</b>	<b>\$ 1,301,848</b>



## NEW BUILDING COMMITTEE REPORT

Our committee worked diligently all year and, after 2, 7 or 10 years of planning are seeing the light at the end of the tunnel. As we have reported, our building is in need of an extensive renovation and we have a high risk of particularly water leaks that could prevent us from being able to provide service. In the previous years, we studied the options of moving permanently to one or more locations, renting vs buying, or replacing the building and the operational and financial implications of those choices. We came to the conclusion that a major renovation was the best option. This year saw the start of the implementation of this plan.



**Figure 1 Artist's rendering**

One of the first steps was the management of the competition for the Project Manager and the Architectural consultants. We sought consultants with significant health and dental clinic expertise, preferably with local experience and who, optimally, were accredited with the Centre for Health Care design. We had an amazing number of enthusiastic applicants and after much review, brought Robert Major of MMM Group on as our project manager and Kirsten Reite as our architect.

The renovations of Commercial site are extensive and include installation of an elevator and larger stair case, upgrading to all codes and CSA standards for medical and dental clinics, increasing the distance between floors to allow for proper air handling, the addition of a new floor on the existing extension and filling in of the parking area under the extension and excavating out the basement and backyard, creating a courtyard. These changes will allow for the Dental clinic to increase the number of dental chairs to seven and have a quiet/procedure room; the creation of two group rooms as well as a staff room with doors; and a design of the health care area that supports team collaboration and that is based on best practices in primary care design. To help pay for this, we will be retaining three of the current apartments, and put a commercial rental unit on part of the main floor. These areas will allow us space to expand in the future as we need and can afford it.

The renovations, which will take about a year, are very extensive, and thus we have to relocate for this period. Finding a temporary site has been very difficult and negotiations are still underway. The current plan has for the Dental clinic and MFC offices to move to East 10<sup>th</sup> Avenue between Victoria and Commercial and for the Health Care program, Basics for Health and Administration to go to East Hastings with some of our educational programs at Britannia and other sites. We have received our development permit and have submitted our building permit. The calls for contractors starts shortly with a planned move in late fall.

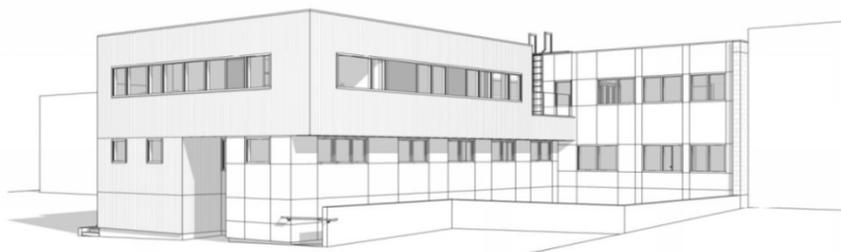
This year brought many planning meetings for the Commercial site, but also for the temporary sites. Our staff fit this into their schedules, working hard to fit our needs and vision into the reality of building codes, CSA standards and the constraints of the existing spaces and budget. Our patient and public sessions brought out helpful suggestions for the design too.



We have had a few glitches along the way but are moving forward swiftly. This time next year, the new structures will be up and all the finishing will be underway and we will be planning an open house for some time after Christmas 2016. Keep an eye on our website for pictures of the progress.

Many thanks to Bob Potegal and Barry Lugar for their assistance and to our committee: Stephen Learey, Jo Fox, and, for part of the year, Vicki Scully.

***Jim LeMaistre, Chair***



**Figure 2 View from Rear**

## PROGRAM PLANNING AND EVALUATION COMMITTEE

New this year is our Program Planning and Evaluation Committee (PPEC). The committee evolved from our Strategic Planning committee, following a board review of best practices in board governance for health and social services. Board of Directors has two major areas of oversight responsibility that are finance and increasingly making sure the quality of the programs and services meet standards and expectations of the board, clients and funders. We are especially grateful to our colleagues in the Ontario Association of Community Health Centres for their work in this area which has helped form the basis for our quality improvement framework.

The Committee's role is to recommend direction for program planning and priorities; undertake program reviews and evaluation as required; provide direction on effective board oversight of programs, including appropriate qualitative and quantitative measures of service; and to monitor current best practices in community health centre quality monitoring and improvement plans.

The PPEC monitors the Centre's various programs to ensure primary care key performance indicators and quality measures are being met. The PPEC's focus this year was to review and revise the Centre's quality monitoring plan. As well, one of our priorities has been the Health Care program and the deliverables of our contract with the Vancouver Coastal Health Authority.

The PPEC closely monitors the Health Care Program's Implementation Plan detailing the steps the team takes to meet quality standards of, and advance access, to primary care for our clients. The PPEC is committed to ensuring that our clients continue to receive excellent program services during the temporary relocation and to maintain and expand our primary care services.

Many thanks to Madeline Boscoe for her support, to Nicole LeMire and the members of the health care team for their work on the implementation plan and to the members of the committee (and Jill Kelly) for their efforts throughout the year.

***Stephanie Langford and Vicki Scully, Co-Chairs*** on behalf of the PPEC 2014-2015 - Lou Black and Jim LeMaistre



## OPERATIONS REPORT

### Dental Clinic

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Our Dental Program at Reach continues to deliver quality care to our patients from East Vancouver and the Lower Mainland. Many of those patients belong to our community and they are all happy to see us, even though most of them “don’t like the dentist”.

Our dental team is committed and resilient. We adapt to all situations with enthusiasm and give the best of ourselves to our patients. The practice continues to grow and thrive—with almost 800 new patients last year! And at the same time we remain committed to providing subsidized care to those who can’t afford regular dental fees.

This year we had extra support from Green Shield who supported our clinic services and the expansion of the patient navigator program to our dental clients.

Many times we are faced with patients with all kinds of physical and mental disabilities that make our practice challenging one, yet we always have a smile for them.

Our finances have been improving month to month. As more patients do not get to be seen in regular dental offices because they do not have full coverage and are challenging, we keep getting more and more of them here at REACH. As per our mission, we try to see as many of them as possible.

We keep working our usual days (Monday – Saturday) and hours (8:00-5:30 weekdays and 9:00 to 4:00 Saturdays).

In 2014-2015 fiscal year, we worked very hard with our Executive Director and Operations Manager planning the renovations for our clinic and also the changes required for our temporary facility. We are positive that most of our patients are going to follow us and expect to be successful.

#### What Dental Patients Say

*“We love this clinic for dentistry.”*

*“REACH Dental, you are perfect.”*

*“...takes extra time to ensure patient comfort by taking bite wing out right after the x-ray, before checking the image. This increases patient comfort substantially.”*

*“I am very satisfied with the care and treatment I have received from the dentist, hygienist and the staff.”*

### Health Care Team

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#### Patients are talking

*“... is an approachable, compassionate and competent physician and without her, I think the support for my health would be quite different and much more challenging.”*

*“... a round of applause - maybe even standing ovation?- for the medical office staff who have to deal with all of us patients, phone calls and other pressing*

As always, it has been a very busy year. We expanded our social work services, hired a new physician to focus on our youth services and expanded the number of groups.

To improve access, we extended clinic hours during evenings Monday to Thursday and continued to base our work on advanced access principles. With the Patient Information Technology Office (“PITO”), we developed a plan to optimize the use of our Electronic Management Records (EMR) by our physicians.



Each of our physicians successfully implemented the plan and passed the clinical effectiveness and practice efficiency dashboard. These changes improved access, and we were able to accept 634 new patients this year. This year, we took in 634 new patients as well as, increased our panel size by 10% and the number of visits to a physician by 6.5%.

### A multidisciplinary approach

REACH has been a trail blazer in offering team based health care. Our physicians assist each other in seeing each other's clients. In addition to having admitting privileges to St. Paul's Hospital, our physicians provided 24/7 primary care, including home and extended care visits They are supported by our MOAs, nurses, social workers, counselor, and by our volunteer "Navigators", all collaborating together to provide care.

As our physicians became busier with additional patient load, we were able to maintain services, thanks to our nurses who provided care within the scope of their practice.

Our social workers settled into their roles and offered varied services. For example, they provided intensive case management and supportive counseling for complex health and social needs, and support for a combination of:

- affordable housing;
- provincial and federal income support;
- community resource connections; and/or,
- applications for Persons with Disability designation.

The emphasis for our counselor continues to be trauma-informed for individuals facing multiple barriers. Primary issues continue to be anxiety, depression and complex trauma.

There have been many requests for counseling from our local community over the past two years and there is an ongoing effort to find alternative, suitable no/low or sliding fee scale services.

Our social workers and our counselor worked closely with REACH physicians and nurses in building a comprehensive and consistent health care delivery approach. This team based approach included consultations on a case by case basis, referring clients to social work for support on social needs, find alternative, suitable counseling services at low or no cost, accompanying new patients during appointments to introduce REACH services, particularly for youth or patients with high anxiety.

Finally, we have also started participating in a unique project at Vancouver General Hospital aimed at preventing unnecessary hospital admissions for elderly adults through improved coordination between primary care physicians and home care services visits.

### Youth

The youth team operates as "shared care" partnership composed of a physician, registered nurse, a social worker from REACH and a British Columbia Children's Hospital adolescent medicine physician, and nurse practitioner from the RICHER program. On Wednesday evenings we offer a drop-in youth clinic. While there

### Patients are talking

*"I can't tell you how supportive it feels to have someone confirm that you are in fact dealing with a lot and that it's normal to feel overwhelmed."*

*"The counseling support I received at REACH is top notch. When I was going through a personal crisis my doctor referred me to the on-site 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."*



is no “screening” of youth, our providers have noted that over 80% are quite complex with significant mental health concerns. While the youth clinic has no geographic boundaries, the vast majority of patients reside in East Vancouver. Our “drop in” Youth Clinic is open every Wednesdays from 5:00pm to 8:00pm.

### Groups

Various groups were facilitated by REACH social workers including:

- Smoking cessation group;
- Young mothers (<24 years old) group with Urban Native Youth Association (“UNYA”) and Britannia;
- Diabetes type II workshop;
- Healthy Living Summer Series with Britannia and Healthy Living Program;
- Multiple We Love Veggies community kitchen groups.

In addition, we were able to hold three Resiliency Skills groups which concluded in April 2015. There are three modules of four sessions each. Because the first module filled up quickly, we decided to offer only this one module which involves developing skills of mindfulness, breath, an introduction to a body centered Cognitive Behavioural Therapy (“CBT”) approach, as well as an introduction to building distress tolerance skills. This will be repeated in the coming year.

### Pharmacy

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Again, fiscal 2014/2015 was a year of growth for our pharmacy. We continued to increase the number of prescriptions, consistently filling more than 1,600 prescriptions per month. We adjusted how we calculate our panel size by purging every two years versus the previous three years. Hence, our new panel size is 2,400.

Our continued increase is a result of the growth in our compliance pack services as well as the increase in the numbers and the health needs of our clients. We have ongoing negotiations with our generic companies in order to maintain the highest possible rebate margins.

As a result of new security requirements by the College of Pharmacists of BC, we have begun to rewrite the policy and procedure manual for our pharmacy. This will include a new security manual.

The pharmacy landscape continues to change in BC and specifically in our centre. In the upcoming year we will focus on finding new areas to generate more income in order to prepare ourselves for any future changes. These changes will likely include longer hours, more services and more staff upon our return to our newly renovated building.

We are looking forward to a great year in 2015/2016.

### Multidisciplinary Family Center

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MFC programs are designed and implemented in collaboration with members of the target immigrant and refugee communities. In an effort to build 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 Cross-Cultural Health Promoters (“CCHPs”), frontline health workers who are trusted members of the cultural communities served help to achieve these goals. We consult regularly with our Community Advisory Committee members, and program participants. MFC CCHPs have training & experience in social work, counseling, medicine and early childhood education.



### Outcomes

# 1: *Participants have a safe space where they can connect with others to build healthy relationships.*

# 2: *Participants gain knowledge and skills for improving and maintaining their health and wellbeing*

# 3: *Participants experience increased participation and integration with the community enhancing their sense of belonging*

# 4: *Participants have increased confidence to manage aspects of their lives that determine their health*

#5: *Participants experience a sense of contribution to the program, their peers,*

*The Many Faces of Diabetes Project:* In partnership with the Umbrella Multicultural Health Services Cooperative, MFC has embarked on a two year project funded by the Lawson Foundation. This project involves Cross-Cultural Health Brokers (“CCHBs”) from the Latin American, South Asian, African, Iraqi and Afghan communities providing support and advocacy to individuals facing cultural and linguistic barriers to accessing mainstream health services, and are leading culturally-specific diabetes self-management groups, and diabetes education workshops. The CCHBs are organizing community diabetes screening events based on the Global Village Diabetes Prevention model.

The first part of the year was spent implementing our new contract with Citizenship and Immigration Canada, providing life skills programming for African and Middle Eastern immigrant and refugee

women in a variety of community locations. The majority of these women and their families are refugees from Iraq, Palestine, and Eritrea.

The *Community Garden* art project has been going well, and you can now see the results of this beautification project. The name of the garden has been changed from “La Cosecha” (Spanish for “the harvest”) to “The Broadway and Clark Community Garden”, to allow for the cultural diversity of the gardeners.



*African Children’s Homework Club:* The program continues to have a positive impact on the children and their families, as well as on the growth and development of the SFU Friends of Simon tutors. 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 regarding the benefits of positive adult-child relationships in this age group.



The *African Children's Summer Literacy Camp 2014* had two great months of activities and outings. Thirty children were registered in the Camp which was run by three students partially funded by Service Canada's Summer Job Program, as well as several other volunteers.

We continued with our *core programming* in the Latin American and Vietnamese populace, focusing on health promotion in these communities. A key component of this programming is our drop in program, where community members can come in for information, practical assistance with navigating health and community services, and connecting with others.

### Funders

- Vancouver Coastal Health SMART Fund
- BC Gaming Commission
- Community Action Initiative
- Vancouver Park Board
- United Way of the Lower Mainland
- Citizenship and Immigration Canada
- BC Council for Families
- BC Ministry of Jobs Tourism and Skills Training: Welcome BC
- Service Canada

### Partnerships

- Britannia Community Services Centre
- Burnaby Family Life
- Umbrella Multicultural Health Cooperative
- AMSSA
- Building Blocks (MOSAIC)
- Wataru
- Humboldt State University School of Social Work (California)
- SFU Friends of Simon
- SUCCESS
- Frontier College
- BCIT School of Nursing
- UBC School of Social Work
- U Vic School of Social Work

### Administration Team

Our administrative team works well and efficiently together, always looking for better solutions to solve problems and improve workflow within the organization. The team continued to assist all departments by providing administrative support, maintaining IT performance and reliability, delivering financial reporting to various funders and the entire organisation, preparing staff payroll, balancing and processing MSP billing transactions, preparing quarterly HISCIS and WCB reports.

In September 2014, we launched our new more user friendly web site with more choices and options for users. Being environmentally conscious, the team worked toward having a financial paperless filing system.

**Community Involvement**

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

- Asociacion de Profesionales Latino Americanos de la Salud Mental (APLASM)
- Basics for Health
- Burnaby Early Childhood Development Table
- Burnaby Literacy Forum
- Community Health Worker Network of Canada
- Cross-Cultural Seniors Network
- Grandview Woodlands Area Service Team
- Hillside Gardens Advisory Committee
- Kiwassa East Vancouver Nobody's Perfect Steering Committee



This year, we are proud to report another successful audit.

With the start of REACH renovation project, we concentrated a great deal of time planning and preparing for the move to ensure a smooth transition. For example, we supported the ED to create several years' forecasted budgets to secure the necessary loan, analysed our IT current and future states, contacted different providers to enquiry about functionalities and costs, provided feedback on different drawings for the temporary and future sites, etc. We are currently taking a detailed inventory of all our equipment and furnishings, assessing its quality, our needs, the fit with the temporary or permanent sites. After forty years there is quite a lot to go through!

We are looking forward to the exciting changes coming over the next couple of years.

## Integration and Outreach

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REACH is working toward integrating its departments to offer best practices and services to all of its clients and community patrons.

### Basics for Health – Our Navigator program

Thanks to Green Shield Canada, we were able to expand our Medical Navigator Program to our dental patients and set parameters to make it more permanent. In total, 16 post-secondary graduates and graduate students were trained and supervised by a social worker. They were able to connect 226 patients and their families to basic resources that impact their health (such as food, shelter, child care, job training, etc.).



### Practicum Student Supervision

As a Social Work practicum site we are able to expand our range of services to the community while providing our interns with a wide range of learning opportunities. An advanced MSW student from Humboldt State University in California, two social work practicum students from the UBC School of Social Work were supervised to work with our MFC, medical and dental clients. During their stay, the students recruited and coordinated the training of Basics for Health volunteers, co-facilitated various REACH groups, and presented on “Social workers: Building connections in primary and community health care” at the University of Fraser Valley Social Work Conference on REACH social work services and outcomes. They worked on a number of projects, including designing an evaluation tool for the We Love Veggies program, conducting an ‘English Talking Circle’ for people interested in practicing English and developing a patient satisfaction survey for REACH. All of these activities were in addition to working one-to-one with clients in MFC and Medical. The students were supervised and mentored by the social workers and the MFC Manager. As well, our medical team is mentoring and supervising a St. Paul’s Hospital Family Practice Resident for two years ending June 2016. Finally, our MFC works in partnership with the BCIT School of Nursing, providing practice opportunities for four nursing students. Dental continued its ongoing relationship with VCC’s dental CDA program.

### Cross-Cultural Health Promoters (CCHPs)

Our CCHPs have training & experience in social work, counselling, medicine, early childhood education, and health promotion. They work with REACH medical and dental patients from diverse immigrant and refugee communities to provide enhanced cultural and linguistic interpretation. They are also available to provide additional assistance to these patients, including addressing the social determinants of health, and running



culturally responsive health and mental health promotion programs. Contrary to language interpreters who are only available for episodic interpretation services, Cross-Cultural Health promoters support their communities' health and wellbeing in a holistic way, and are leaders and change agents in their communities.

### **Networking**

Our teams are well connected in the community and continue to build on existing relationships and fostering new connections. Our nurses, physicians and social workers have been networking with community agencies, including Kettle, Mental Health Teams, RICHER, Britannia, Sheway, Robert and Lily Lee, VACFSS, Primary Care Outreach Services, Division of Family Practice to name a few!



## Key Performance Indicators

Team	Indicators	2010-2011	2011-2012	2012-13	2013-14	2014-2015
Health Care	Physicians: visits	10,660	10,413	12,731	18,256	19,429
	Nursing: visits	2,348	2,338	2,770	2,313	4,300
	Counseling - visits and consults	592	780	558	528	493
	Nutrition - visits and consults <sup>1</sup>	784	298	542	291	---
	Social Work – visits and consults <sup>2</sup>	---	---	---	1,382	870
	Panel size (revised)	2,549	2,682	3,086	3,386	3,709
	New Patients	186	175	492	669	634
	Staff FTE	---	---	---	15.96	15.86
Pharmacy	Prescriptions filled	9,240	13,064	14,706	18,525	20,796
	Panel Size: # of clients seen on the 2 <sup>nd</sup> visit	NA	2,104	2,373	2,717	2,950
	Clients and Consults	5,160	4,890	4,750	7,675	4,400
	Staff FTE	1	1	1	1	1
Dental	# of recall visits	n/a	1,202	1,262	1,295	1,230
	# of visits	2,990	7,794	8,069	n/a	10,172
	# active patient on recall	n/a	1,020	1,262	1,295	n/a
	Subsidized Care and discounts	\$158,960	\$172.00	\$149,150.00	\$215,392	\$235,155
	Panel size	NA	2,220	2,422	2,870	2,952
	Staff FTE	NA	NA	NA	13.73	13.67
	Volunteers:					
	# of Hours	1,464	2,808	2,496	1,456	n/a
# of volunteers	7/week	23	45	27	n/a	
MFC	Total Service Contacts	15,892		17,224	17,664	19,097
	Number of clients/pane	3,069	2,826	2,758	2,242	2,444
	Number of group sessions	474	442	582	762	765
	Volunteers:					
	# of Hours	4,491	4,426	5,007	4,785	4,221
	# of volunteers	122	119	110	115	127
	Staff	NA	NA	NA	5.4 FTE	5.4
Admin	Staff	NA	NA	4.9	4.9	4.9

### 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
3. Starting in 2013-2014, physicians' visits also include phone visits.

### Summary

In 2012-2013, we provided approximately 61,932 services to 10,639 people with 39FTE staff  
 In 2013-2014, we provided approximately 67,953 services to 11,397 people with 40FTE staff  
 In 2014-2015, we provided approximately 88,535 services to 12,055 people with 41FTE staff



## UPDATES FORM OUR PARTNERS

### The Catherine White Holman Wellness Centre's Clinic at REACH

It is with deep gratitude that we, the organizers of the Catherine White Holman Wellness Centre, submit this last update for the REACH annual report. It has been four years since you so generously welcomed us into your space. Because of you, a number of landmark firsts have occurred. The first clinic run by and for trans people had a home. In your offices, hundreds of trans community members were able to access a range of services including occupational therapy, nutritional support, massage therapy, counselling, legal advice, acupuncture, and medical and nursing care.

Isolated members of our communities reached out and found peer and professional supports for the very first time. We gathered in your waiting room, shared snacks, played games, and engaged in lively conversations. People got their first hormone prescriptions. People tried on their first binder. Vancouver's first trans' community kitchen took place in your basement. We had an art group in your boardroom where people could creatively express themselves in a non-judgemental space.



Our communities are stronger and more resilient because of the help provided by REACH and we can't thank you enough for your years of ally-ship.

**Dr. Marria Townsend and the CWHWC Centre Organizers**



# SPECIAL THANKS TO OUR SUPPORTERS, VOLUNTEERS AND FUNDERS



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## OUR VISION, MISSION AND VALUES

### Our Directional Statement

“We provide primary health care<sup>1</sup> predominantly to the residents of East Vancouver<sup>2</sup> 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 community<sup>3</sup>-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 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

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<sup>1</sup> 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.

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

<sup>3</sup> 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.



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<sup>4</sup> 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.

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<sup>5</sup>. 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"/> <b>Cash Enclosed for \$</b> _____	<input type="checkbox"/> <b>Cheque Enclosed for \$</b> _____
<input type="checkbox"/> <b>Bill my Credit Card for \$</b> _____	<b>Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<b>Card Number:</b> _____	<b>Expiry Date:</b> _____
<b>Signed:</b> _____	<b>Date:</b> _____

Charitable Registration Number: 107877375RR0001