



Annual Report 2016

REACH Community Health Centre

CONTENTS

PRESIDENT'S REPORT	3
EXECUTIVE DIRECTOR'S REPORT	5
TREASURER'S REPORT	7
Condensed statement	8
NEW BUILDING COMMITTEE'S REPORT	9
PROGRAM PLANNING AND EVALUATION COMMITTEE'S REPORT	9
OPERATIONS' REPORT	12
Dental Clinic	12
Health Care Team	13
Pharmacy	13
Multicultural Family Centre	14
Administration Team	17
Integration and Outreach	18
Key performance Indicators	19
SPECIAL THANKS	20
OUR VISION, MISSION, VALUES	21



PRESIDENT'S REPORT

During the past year, the Board focused on a number of key areas: the move to temporary sites, building renovation/renewal, strengthening our programs, and continuing to build on our strategic plan.

The Move

All of our programs were required to move this year to temporary sites while our Commercial building is under renovation. With nearly 50 years of presence on the Drive the staff packed up and moved to our temporary sites. Thank you to all the staff for their perseverance and hard work. The move back to the Drive is still scheduled for spring 2017.

The Building

The building renovation is underway and we continue to move ahead with the project. The renovation remains extensive and we will be in our temporary locations until the spring of 2017.

We have started to draw from our financing with VanCity as the renovation is now well underway. We continue to be well supported in all of the building processes by our client representative Robert Major and Marnie Tamaki (MMM Group) and architect Kirsten Reite (KRA Architects).

Our Programs

The Dental Department continues to do an exemplary job in their temporary location, improving both efficiency and patient service. The department has exceeded its budgeted income, and at the same time continuing to provide subsidies to those patients who need it. Subsidized dental care is an important part of our community mission. REACH was the recipient of multi-year funding from Green Shield. More patients can now access subsidized dental care as well as navigation support to connect to other basic resources that impact their health - like food, shelter, child care or job training. Thank you to Green Shield for this much needed support for our community. Maria Botero provides the leadership to this team.

The Vancouver Coastal Health Authority (VCHA) through the Alternative Payment Program (APP) provides the funding for our medical clinic, and a key focus this past year has been to change some processes to more effectively meet the funding requirements. The key requirement is to increase the number of patients, concentrating on those patients/families with complex health needs. Since these are patients/families with complex needs, it is important to ensure that processes are in place to support complex care requirements. We continue to improve access for patients and families by being open longer. Nicole LeMire and Geoff Trafford provided leadership to the medical clinic.

The Pharmacy, under the leadership of our excellent pharmacist, Afshin Jaber, continues to provide critical services to our patients. These services include but are limited to counseling regarding prescriptions and consultation with other health professionals.

The Multicultural Family Centre continues to successfully engage immigrant and refugee communities in the health care system. Through alleviating cultural and language barriers, the Centre provides opportunities for community members to participate more actively in their own health care. This can take many forms, depending on the community needs. An excellent example of this over the past year is the Centre's partnership project with the Umbrella Multicultural Health Cooperative. Funded by the Lawson Foundation, this 2-year project has hired Cross-Cultural Health Brokers from diverse, high risk cultural communities to develop culturally response community diabetes screening events, followed by a series of self management and prevention groups. The diversity of the communities is reflected in the diversity and complexity of the programs, confirming our



experience that language is only one of the barriers encountered by immigrant and refugee populations in accessing the health care system. Patricia Dabiri provides leadership to MFC.

Finally, the Administration Department continues to support the Executive Director, all departments and the board. This hard working team made sure finances are budgeted and tracked, bills are paid and many more vital functions for the organization work smoothly.

Strategic Planning

In addition to the building renovations and the programs outlined above, the Board's strategic priorities continue to focus on communications and community engagement, financial health and good governance. We developed a communications plan that provided strong messaging about REACH's stories and activities. More opportunities to engage with our members, patients/families and the community were developed and occurred over the year.

Our financial health is robust and we remain confident in undertaking the large renovation of our Commercial Drive building. We continue to monitor our financial statements closely and good financial oversight is ongoing. Continuing board education is a priority as well. With that in mind the board provided a comprehensive workshop on board governance. The workshop was very well received by board members who attended.

The Board continues with a renewal process that evaluates current board member skill sets and identifies what's missing, in order to inform the nomination process. The Nominating Committee will continue to review this process and make suggestions for improvement.

The Board has initiated a review of the new BC Society Act. All BC societies will have two years to transition, which will require re-writing their constitutions and by-laws. We have started this review and revision of our constitution 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 past and present Executive Directors and all the management team and staff. 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,

Stephanie Langford, President, on behalf of the REACH board of directors: Jill Kelly, Vicki Scully, Lou Black, Josie Boyce, Jo Fox, Kurt Heinrich, Caroline Brunt, Jim LeMaistre, Barry Morris, Jane Turner and Sean Wachtel.



EXECUTIVE DIRECTOR'S REPORT

The past year has been a challenging and creative one from the logistical standpoint in REACH. In November, we relocated our Dental and MFC programs to the 5th floor at 1750 E. 10th Ave. The spaces are “cozy” but bright and functional and the staff have adapted very well to those surroundings. Dental patients and clients of MFC are happy with the new offices and continue to visit in robust numbers.

The Medical, Social Work, Counselling and Administration move proved to be more difficult. The space is much smaller and was not ready for our move in date. The dedicated medical staff managed, in the space of two days, to reschedule all clinic appointments, rescheduled doctors/social workers/counselor hours, clean and outfit all of the rooms, store equipment and supplies, and set up all work stations and offices. All of this was accomplished with as little interruption to the service and quality of care to the patients as possible. Pharmacy was able to continue to provide service to its client base through cooperative agreements with neighbourhood pharmacies.

IT /Administration dealt with some pressing issues with respect to server connectivity, security, and phone system set up, but again, clients experienced very little interruption to the quality of service. The Finance department supported the Board in the strategic financial direction and in the transition and support of the leased facilities

A special thanks to the members of our management team: Maria Botero, (Dental); Patricia Dabiri, (MFC); Afshin Jaber(Pharmacy); Pam Toor (Social Work); Yumi Sakamoto (Finance); Liliana Llanos (IT), for their leadership, strategic planning, resolve and ability to adapt to change.

Our demolition phase of the renovation project was completed in March. There were a few unforeseen elements such as extra asbestos remediation, removal of excess cement and the easement to the owner of the building to the north in order to install shoring for seismic and the new elevator. While these were a surprise, the contingency had allowances for these matters and they have been resolved. We anticipate a move back to the facility at 1145 Commercial Dr., in mid to late March 2017.

During our time in the temporary facilities, the medical program has undergone some changes in that three doctors have left the practice. The quality of care of the patients at REACH remains a top priority. Patients are being re-assigned to the doctors in the clinic. We have hired a physician to replace youth centered care, another .5FTE doctor and are actively recruiting for the other position. We are currently interviewing for the position and expect to hire for the position in October 2016. REACH is implementing an Opioid Replacement Treatment program in the temporary facility so that we may become a methadone dispensary and treat stabilized methadone patients. As well, REACH will be phasing in a family practice and walk in clinic in the temporary facility. This fee for service clinic is not a replacement for the current clinic which is funded by the Alternative Payment Program (“APP”), funded by Vancouver Coastal Health (“VCH”). The fee for service clinic is being piloted in order that REACH may serve all members of the community, not just those with complex needs.

More details on the workings of the Board Committees and the department managers are contained in their contributions to this Annual Report.



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, Nancy Yiu;
- 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;
- hosted a community information session to update members about the changes at REACH; and,
- Worked with our funder VCH and partner agencies in our catchment area to implement an ORT program at REACH.



As the new Acting Executive Director, I am looking forward to the changes at REACH. In my previous position, I helped transition Mid Main from an APP funded community health centre to a fee for service operation, offering the same quality and team based care that existed under the APP model. REACH will have the advantage of a hybrid system, where those with complex needs can be treated and receive Vancouver Coastal Health funding for that practice. Using all of the experience and expertise of that model, REACH will develop a best practices, community, team based health care clinic that will serve fee for service patients. Community inclusion has always been a part of the mission, vision and values of REACH. The new model will truly incorporate those values and continue to serve the community for many years in the future.

I would like to thank the Board and the staff at REACH for their support and confidence, and anticipate a newer, better, more inclusive REACH in 2017.

Geoffrey Trafford, Acting Executive Director



TREASURER'S REPORT

It has been a very tumultuous year for REACH, but our finances remained fairly steady.

The building renovations went from planning to implementation, resulting in all departments moving out of Commercial Drive in December. Leasehold renovations were required at the two temporary sites – Slokan/Hastings and East 10th. These costs will be expensed over the terms of the leases, so four months were expensed in this year just ended, and we expect the balance to be expensed in the current year. In addition, we are paying rent at these locations, which is an additional cost for us. Other costs incurred include moving costs and some equipment. These costs have been highlighted by the auditor in the Statement of Operations as 'non-routine expenses', to clearly show normal operations separately.

Our cash resources decreased by about \$600,000 as these funds were put into the renovation project, increasing Property and equipment.

At year end, we had not yet drawn on our VanCity mortgage, which has been approved for \$6.8 million. The disruptions of moving resulted in lower revenue over direct expenses for all departments, except the Multi-cultural Family Centre. However, all departments did better than budget. The staff did an amazing job of carrying on through the disruption.

In the end, we had an operating loss of just over \$100,000, but we significantly exceeded our budgeted loss of almost \$400,000.

Our financial priorities for the current year are to monitor and manage the construction costs and mortgage advances, and to plan for a smooth move back to our renovated home on Commercial Drive.

Jill Kelly, Treasurer and Chair on behalf of the Finance Committee Abbe Neilsen, Jane Turner, Yumi Sakamoto



Condensed Statement of Revenues and Expenditures And Member's Equity for the Year Ended March 31, 2016

	2016	2015
Revenue		
Medial Grants	\$ 2,614,621	\$ 2,503,198
Dental Fees	1,536,861	1,655,900
Pharmacy Sales	688,295	652,924
Multicultural Family Services	407,998	430,265
Other	84,062	79,030
	<u>5,331,837</u>	<u>5,321,317</u>
Expenses		
Salaries and Benefits	3,509,976	3,382,043
Direct Services and Supplies	591,597	533,338
Administration	895,275	881,203
	<u>4,996,848</u>	<u>4,796,584</u>
Net Assets		
Net Revenue over Expenditures	(104,869)	524,733
Internally restricted for contingency purposes	500,433	757,070
Invested in property and equipment	1,221,279	544,778
Total Net Assets	<u>\$ 1,721,712</u>	<u>\$ 1,826,581</u>



NEW BUILDING COMMITTEE

The building renovation we reported on in our 2015 report for the Annual General Meeting is – after many years of planning and dreaming - actually underway. All our staff and departments were re-located in late December 2015 – the dental program and MFC are at Suites 501 and 505, 1750 East 10th Avenue and our administration, pharmacy, counselling and medical departments are at Suite 102, 2732 East Hastings Street. We had anticipated that the move would result in some loss of patients and clients but are humbled to report that – mostly – our users followed us to our new spaces, which is heartening, as we had worried about a loss of revenue due to the move.

Renovations were required to both spaces, particularly the East 10th site, although we were lucky to move into space previously occupied by a medical clinic on East Hastings, so renovations were less extensive there. It was a bumpy move but that smoothed out pretty quickly and staff, patients and clients have coped well with the changes. We are grateful to the staff for their enormous efforts in packing everything up and vacating the building, and for their commitment to making the temporary spaces work.

After our “home” building was vacated, we had a couple of demolition sales to try to convert to cash some of the assets in that building. The building plan has since been finalized, and colours for walls, flooring and furnishings have been chosen. The construction crews have gutted the building, and we have endured a couple of troublesome protracted issues: negotiations with one of our common-wall neighbours to enable installation of an elevator, a lot of asbestos abatement work, and stabilization of a poorly-built concrete block wall. Those are thankfully behind us, and construction is proceeding.

Bi-weekly meetings are held with designated staff employed by the various construction companies, and we are on track to be back in our building by April of 2017. Not much can be seen on the street side because of the hoarding, but activity is obvious from the alley side, so check it out if you are in the area.

We want to give a shout out to the committee members (Jim LeMaistre, Stephen Learey and Jo Fox) for their work in getting us to this point; to Robert Major, our project management consultant, who is instrumental in ensuring communication paths and comprehension are complete; and to Madeline Boscoe, whose expertise in designing and building this type of building was invaluable: she caught a major flaw in the design which would have been expensive to resolve once construction got underway. Kirsten Reite Architects have worked patiently to include ideas from staff and are monitoring the construction.

Respectfully, Jim LeMaistre, Chair, on behalf of the New Building Committee, Jo Fox

PROGRAM PLANNING AND EVALUATION COMMITTEE

The PPEC’s focus this year past was to review and revise the Centre’s quality monitoring plan for all programs and to develop a primary care quality framework and improvement plan. The development of a REACH based quality care framework is still underway and the PPEC continues to monitor the Centre’s various programs to ensure key primary care performance indicators and quality measures are being met.

Throughout the year the program managers met with the PPEC to discuss ongoing achievements in quality care delivery and how to improve service. The role of the PPEC continues to be 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.

This past year the PPEC was also tasked with reviewing the possibility of REACH starting a fee for service (FFS) family practice and walk-in clinic parallel to its Alternative Payment (AP) medical program. The PPEC made



recommendation to the Board that REACH is well placed to offer this additional medical service to our community. Our priority remains the medical program and the deliverables of our contract with the Vancouver Coastal Health Authority. Upon review the PPEC did detect deficiencies in how the medical program was implementing the VCH contract resulting in significant management changes. 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 medical services. Stephanie Langford and Vicki Scully, Co-Chairs on behalf of the PPEC 2015-2016 - Jim LeMaistre, Caroline Brunt and Sean Wachtel.

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

STRATEGIC PLANNING COMMITTEE

The Board of Directors revised our strategic plan this fiscal year to revisit and confirm our directional statement:

- **We provide primary health care predominantly to the residents of East Vancouver in order to reduce health inequities and promote healthy communities.**

The goals of the strategic plan are:

- Develop a strategy to renew REACH as a more vigorous, dynamic, responsive and effective organization.
- Build on our history of compassionate innovative care and continue to strive to reduce health and social inequities to pave the way to a new future.
- Undertake a thorough review and reconsideration of REACH's current service delivery model, facilities and activities to ensure optimal quality and effectiveness, efficiency, service capacity, and client satisfaction while at the same time working within our financial means.
- Re-establish our role as a responsive leader in primary health care innovation. Link to organizational priorities (e.g. primary health care models, quality reporting, social enterprises) or opportunities for partnerships that could lead to new income.
- Be responsive and seek out new opportunities.
- Recognising 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 and social inequities and support our service providers to provide proactive care.
- Increase our transparency and accountability: to our clients, our members, our community, ourselves, our funders and our supporters.

Respectfully, **Stephanie Langford, President**, on behalf of the REACH board of directors: Lou Black, Josie Boyce, Caroline Brunt, Jo Fox, Kurt Heinrich, Jill Kelly, Jim LeMaistre, Barry Morris, Vicki Scully, Jane Turner and Sean Wachtel.

Engagement Committee

REACH has had a busy year of engagement. The Committee started the fall with brainstorming and envisioning around an integrated engagement plan which would incorporate communications and outreach. The plan involved multiple strategies including proactive storytelling, special events focused on topical health issues as well as our attendance at community events. Over the course of the year, the committee has supported increased transparency through our web-communications channels as well as a present at the Stone Soup Festival and Car Free Day. Moving forward the committee is working to streamline membership to allow REACH



to be more inclusive as well as supporting management as it redesigns the current website to enhance our communications/marketing opportunities.

Kurt Heinrich, Chair, on behalf of the Engagement Committee, 2015-2016 – Josie Boyce, Jane Turner, Barry Morris, Stephanie Langford



OPERATIONS REPORT

Dental Clinic

The fiscal year 2015-2016 was a year full of changes and hard work. From April to November, we did a lot of planning for our old building renovation, and at the same time, for our temporary move to the end of November.

As per on external consultant, we were expecting to lose a high percentage of patients during the transition. As a precaution and because of the uncertainty of the situation, and the shortage of space, in July, 2015, we cut one dentist position (0.69 FTE) and a dental assistant position. We also gave notice to staff because we were planning to reduce staff hours (without affecting benefits).

The end result, at the request of the staff, we decided to keep staff hours intact and evaluate the situation every month, and shrink only if necessary. Everyone was happy and encouraged to keep working hard to keep the hours, our patients and our production in line.

After the move at the end of November and for the four following months, the Dental program proved one more time that it is made up of a great, hard working team, a solid base of patients, and that we could surpass our financial goals.

The whole team has been very patient and cooperative with the fact that our temporary equipment is fragile and noisy and that our work space is smaller. At the same time, they are happy with more light and a more modern, nicer space than we had in the old building.

Just before the move we lost one Chair-side Dental Assistant (CDA) and (0.75 FTE) and at the end of February we lost another (0.69 FTE) CDA.

We started the fiscal year with:	We ended the fiscal year with:
2.88 FTE dentists	2.79 FTE Dentists
4.13 FTE CDA's	3 FTE CDA's
2.29 FTE Hygienists	2.29 FTE Hygienists

We are still working Monday to Friday from 8:00 a.m. to 5:30 p.m.

We have had a lot of challenges hiring CDAs. The whole team has worked hard training several of them with little success and the process is still not complete. Hopefully for the next fiscal year we will have a sound team of CDAs.

For the months of April and May, we did not host the VCC hygiene students. After many years, BCC stopped the practicum completely. It is sad that they could not benefit from the experience our clinic provided and our patients could not benefit from the great and very low cost services they used to provide.

Another change we saw for this fiscal year is the reduction in the number o volunteers. The reason is that UBC is not requesting a letter of recommendation for dental student applicants.

We certainly hope that our dental program will continue to be successful during the next fiscal year and for many more to come.



Health Care Team

It has once again, been a very busy year for REACH. Many changes have taken place and REACH medical met every challenge while continuing to provide excellent, team based care to the patients of the clinic.

After we completed our move and settled in to our temporary space, we continued to provide extended clinic hours during evenings from Monday to Thursday. The referral agencies in our temporary neighbourhood have been welcoming and helpful. We have forged new and important relationships with some of the mental health, youth and seniors agencies and we look forward to a long and mutually beneficial association with all of them.

Three of our doctors have completed their methadone preceptorships. The clinic, in conjunction with the pharmacy will now be treating stabilized patients with Opioid Replacement Therapy (“ORT”).

REACH continues its “shared care” partnership for its drop in youth clinic which is run every Wednesday evening. There is no “screening” of youth, but our providers have noted that over 80% are complex with significant mental health concerns. The youth clinic has no geographic boundaries, the vast majority of youth patients reside in East Vancouver.

REACH remains committed to meeting its mandate pursuant to its contract with Vancouver Coastal Health under Alternative Payments Program (“APP”). As well, REACH will be implementing a new family practice and walk in clinic to compliment the existing APP clinic. The new family practice and walk in clinic will allow REACH to open its doors to all members of the community, not just patients who qualify for APP funded care.

Despite the move and the very brief interruption of service, the clinic managed to accept 631 new patients, recorded 21,842 physician visits, 4,802 visits with the nurses, 301 social work visits and 411 counselling appointments. In the first quarter of 2017, the clinic recorded 5,636 physician visits, 1,012 nurse’s visits, 271 social work visits and 148 counselling visits. Our initial numbers are showing that we are well on track to exceed the performance of 2015-2016. We look forward to an exciting period of growth, and serving the broader community of Granville Woodlands when we return to our renovated facility in spring 2017.

Pharmacy

The past year was a successful one for the pharmacy. We had a slight growth in the number of our prescriptions and remained constant in the number of our patients. This was positive considering all the changes and the move that we went through during this year.

In order to meet all the College requirements during the move, we updated the security in the pharmacy. This was well timed as we anticipate moving towards disowning methadone in the upcoming year.

In the upcoming year we will focus on finding new areas to generate more income. These changes may include longer hours and more services. This will hopefully put us in a good position with the changing landscape of pharmacy in British Columbia. We look forward to another great year in the pharmacy for 2017.

Social Work

The social work and counseling roles continued to be busy this year, with one .7 counsellor and the equivalent of 1.0 social workers between two positions. The counseling position was in high demand and continued to provide



trauma-informed services for individuals facing multiple barriers to accessing services, especially those with anxiety, depression and complex trauma.

Patients expressed appreciation at being able to connect with multiple health care providers and allied care support in one place.

The social workers continued to provide a range of services from a patient centered perspective including:

- short-term supportive counseling
- connections to community resources
- case management and coordination
- assessments for person's with Disability designations

Additionally, the social workers also participated in the outreach and engagement activities for the clinic by engaging and recruiting patients at outreach events, supervising practicum students and providing clinical and coordination support for the Basics for Health Program. The Basics for Health program supported included running four training modules to recruit students and community members to provide health and resource navigation support to medical and dental patients.

The transition to the smaller temporary space did result in a suspension of services briefly as we set up new spaces and pose some challenges in terms of capacity for hosting on site groups as facilitation space was limited in the temporary space. We look forward to transitioning into the space early next year and starting our group based programs again.

Both roles continue to focus on liaising with the doctors, nurses, MOAs and Basics for Health Navigators in order to provide supportive care for the patients. This team based approach could include consultations, direct social work referrals, and patient accompaniment to appointments to introduce REACH services to people who may be experiencing high levels of distress.

Multicultural Family Centre

Number of participants: 2589

Number of service contacts: 18845

Number of individual volunteers: 127

Number of volunteer hours: 3771

The staff and participants at the MFC have adjusted to the move and the new temporary space. We now have a cozy little office on East 10th Avenue, 2 doors down from Dental, and have relocated the programs that usually met in the REACH kitchen area to Britannia, where they are going very well. We are getting used to adjusting schedules to spend time at the Slokan site for cross-cultural facilitation with the Medical team. Although our space is small, the abundant natural light and inspiring view make up for it. However, we are looking forward to being together with our REACH family in the newly renovated building next spring!





MFC Highlights:

- We have completed the first year of the two year *Many Faces of Diabetes* partnership program with the Umbrella Multicultural Health Cooperative. The MFC's German Blanco and his team of volunteers have organized two Latin American Community Diabetes Screening events, which were held at Watari and at Mount Pleasant Neighbourhood House. We had a total of 63 registrants, and all the volunteers were all health care professionals from the Latin American community, including 4 MDs, 1 microbiologist, and one newly qualified young MD. German has noted a greater awareness in the community of the importance of prevention.
- MFC staff members are participating in the Community Health Workers Network of Canada working group, an informal network of individuals and organizations from across Canada that is working towards establishing the Community Health Worker position as a recognized position in the Canadian health care system. The term community health worker (CHW) refers to generic community outreach programs or practices delivered by front-line health workers who are members of the communities they serve. CHWs are considered to have a deep understanding of the issues faced by these communities in accessing health and social services, and are able to offer linguistically and culturally appropriate assistance. CHWs often use the terms "Cross-Cultural Health Brokers" or "Cross-Cultural Health Promoters".
- Our funding from the federal Ministry of Immigration, Refugees, and Citizenship Canada (IRCC) was extended for another year, with additional funds to support Syrian refugees. We have added a new Information and Orientation program for Syrian women, facilitated by Inas Lashin. In addition, we are seeing an increase in Eritrean, Ethiopian and Iraqi participants.
- Despite the move, results of our annual participant surveys indicate that our programs and services continue to have a positive impact on our target immigrant and refugee populations. These services are administered annually, in Vietnamese, Spanish, Arabic, Tigrinya and Amharic, and indicate the following outcomes:
 1. Members of immigrant and refugee communities have a safe space where they can connect with others to build healthy relationships
 - 86% of program participants reported feeling the program offers a safe space
 - 72% of program participants reported that they feel supported when participating in the program
 2. Members of immigrant and refugee communities gain knowledge and skills for improving and maintaining their health and wellbeing
 - 80 % of program participants reported learning new knowledge and skills that support their health/wellbeing
 - 74 % of program participants reported increased understanding how to access other programs, services and supports in the community
 3. Members of immigrant and refugee communities experience increased participation and integration with the community enhancing their sense of belonging
 - 74% of program participants reported increased participation in community programs, activities, and/or events
 - 75% of program participants reported developing new friendships /being connected with more people
 - 82% of program participants reported increased connection to their community
 4. Members of immigrant and refugee communities have increased confidence to manage aspects of their lives that determine their health



- 72% of program participants reported feeling increased confidence to handle daily challenges
 - 77% of program participants reported feeling less stressed as a result of the support received through the program
5. Members of immigrant and refugee communities experience a sense of contribution to the program, their peers, and/or the community
- 76% of program participants reported supporting other participants
 - 72% of program participants reported contributing to the program
 - 74% of program participants reported feeling a sense of purpose due to their contributions to the program and participants
6. Existing community support networks are strengthened and new networks are formed to meet the needs of immigrant and refugee communities:
- Britannia Community Services Centre
 - BCIT School of Nursing
 - Building Blocks (MOSAIC)
 - Burnaby Family Life
 - Britannia Community Services Centre
 - Community Health Worker Network of Canada
 - COSCO Seniors
 - Family Services of Greater Vancouver
 - Frontier College
 - Hillside Gardens Advisory Committee
 - Kiwassa-East Vancouver Nobody's Perfect Steering Committee
 - Latin American Community Council (LACC)
 - Metro Vancouver Cross-Cultural Seniors Network
 - Mount Pleasant Neighbourhood House
 - Moving Ahead Program ISSofBC
 - SFU Friends of Simon
 - SUCCESS
 - UBC School of Social Work
 - Viet Net
 - Watari Counselling and Support Services
 - West Coast Family Resources
 - UBC Department of French, Hispanic, and Italian Studies
 - Umbrella Multicultural Health Cooperative

Funders

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



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.

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

The renovation project saw the Finance Department, Yumi Sakamoto and Eva Knapik, support 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.

With the assistance of some of our Board Members, Jill Kelly, Jo Fox, Jim LeMaistre, Josie Boyce and Bill Hood, we managed to record and archive over 40 years of medical records and have storage arranged for space considerations.

Liliana Llanos managed supervised the move and installation of all of the IT and telephone equipment. She accomplished a very complex and detailed move to two different locations with little interruption to services.

While we miss the connectivity to all departments that we experienced in the Commercial Drive location, we are enjoying the new neighbourhood and have found all the merchants and referral agencies to our services to be welcoming and helpful.

We have a new Executive Director and are working well to streamline internal and external communications, maintain client confidentiality while at the same time providing transparency to our members and stakeholders. Under Geoff Trafford's guidance and Dexter McMillan's design and coding skills, we have developed a new, more user friendly and informative web site to keep everyone up to date on REACH and its activities.

With our return to Commercial Drive scheduled for April 2017, we are looking forward to a return to a new and spacious work environment. The changes continue to be challenging but are exciting and positive and we look forward to 2017 and the years beyond.

Integration and Outreach

Basics for Health – Our Navigator program

We are grateful for the ongoing support from Green Shield Canada for our Basics for Health Navigator program. Along with the rest of the clinic Basics for Health was impacted in December during our move and moved with Dental to 10th Ave and Commercial Drive site, and it temporarily closed for the month while we set up a new temporary site. Last summer, over 20 post-secondary graduates and post graduates were recruited for the program to help support patients. This past year they supported over 150 patients and their families to basic

resources that impact their health (such as food, shelter, child care, job training, etc.). The program has had a positive impact on patients and also the students alike with many taking their experiences into varied health profession careers.

Practicum Student Supervision

REACH continues its commitment to the training of future health care professionals. This past year we hosted two social work practicum students from the University of British Columbia during their position, the students helped support the staffing of the Basics for Health Navigator Program, conducted an assessment of interdepartmental communication, participated in a number of community and outreach events, co-facilitated groups such as We Love Veggies. Additionally, they also worked one-on-one with patients for resource support and community

The students were supervised by the REACH Medical Social Workers and MFC Manger.

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	2013-2014	2014-2015	2015-2016
Health Care	Physicians: visits	18,256	19,429	21,842
	Nursing: visits	2,313	4,300	4,802
	Counselling- visits and consults	528	493	411
	Social Work Visits	291		301
	Panel Size (revised)	1,382	870	4,071
	New Patients	3,386	3,709	631
	Staff FTE	16.0	15.9	16.96
Pharmacy	Prescriptions Filled	18,525	20,796	18,547
	Panel Size # of Patients seen once in 2 years	18,525	20,796	2,480
	Clients and Consults	2,717	2,950	10,000
	Staff FTE	1	1	1
Dental	# of recall visits	1,295	1,230	1,183
	# of visits	n/a	10,172	9,349
	# of active patients on recall	1,117	1,078	1,069
	Subsidized Care and discounts	\$215,392	\$235,155	\$246,764
	Panel Size	2,870	2,952	2,732
	Staff FTE	9.3	13.7	13.7
MFC	Total Service Contracts	17,664	19,097	17,975
	Number of clients/panel	2,242	2,444	2,589
	Number of group sessions	762	765	756
	Volunteers:			3,771
	# of Hours	4,785	4,221	3,771
	# of Volunteers	115	137	127
	Staff FTE	5.4 FTE	5.4 FTE	5.4
Admin	Staff FTE	4.9	4.9	5.0



SPECIAL THANKS TO OUR SUPPORTERS, VOLUNTEERS AND FUNDERS

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 in action!!

- Vancouver Coastal Health, SMART Fund
- Community Action Initiative
- Vancouver Park Board
- Vancouver Coastal Health, Primary Care
- British Columbia Gaming Commission
- United Way of the Lower Mainland
- BC Council for Families
- Service Canada
- Telus
- BC Ministry of Jobs Tourism and Skills Training: Welcome BC
- Province of BC Community Action Initiative
- BC Dental Association
- Doctors of BC
- Line One
- City of Vancouver
- Citizenship and Immigration Canada
- City of Vancouver
- Green Shield Canada
- Raymond James Canada Foundation

Our Colleagues and Consultants Who Helped Us This Year

- Britannia Community service Centre
- BCIT School of Nursing
- Kiwassa Neighbourhood House
- Volunteers with Basics4Health
- Umbrella Multicultural Health Cooperative
- University of British Columbia, University of Victoria, Humboldt State University of Social Work
- Burnaby Family Life
- AMSSA
- MOSIAC
- Watari



- SFU Friends of Simon
- SUCCESS
- Frontier College

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

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.



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 are 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 45 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 *Canada helps*.
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