



# REACH

Community Health Centre

Building healthy, sustainable communities since 1969



## 2021-2022 Annual Report

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*REACH would like to acknowledge that the land on which we gather is the unceded territory of the Coast Salish Peoples, including the x<sup>w</sup>məθk<sup>w</sup>əyəm (Musqueam), Sḵwxwú7mesh (Squamish), and salilwətał (Tsleil-Waututh) Nations.*

*Cover photos were taken by participants of the REACH Photovoice project from January - March 2022. REACH engaged with over 20 community members with past or present experience with substance use throughout the Photovoice project to reflect on their health, lives, and community.*

## MESSAGE FROM THE PRESIDENT



This has been another busy year for the REACH Board of Directors, and one that has been highlighted by a very intense and sharp learning curve. I am highlighting just a few of the activities undertaken by the Board during 2021/22.

During the last 20 years, the composition of the REACH Board has leaned heavily in the direction of white, older, mainly female activists who helped build a strong focus on equity and social justice. In 2015, the report of the Truth & Reconciliation Commission was released, and the REACH Board embraced all of the recommendations, developing a plan to implement those that pertained to health care. Five years later, the province released In Plain Sight, the report of Dr. Mary Turpel-Lafond, who documented the experiences of Indigenous people in BC's health care system.

Both reports have had a profound impact on the Board, both collectively and as individuals, leading us to embark on a journey to educate ourselves about the impact of colonialism and ongoing racism on the Indigenous community in East Vancouver and across the country. I want to acknowledge and thank the Indigenous members of the Board who provided (and continue to provide) leadership, who have shared their experiences and knowledge and helped

the Board, and its committees, identify barriers to participation from their diverse communities.

This work has deepened our understanding of why the REACH Board must change the way it conducts itself – in the words of the newly-established Justice, Equity, Diversity & Inclusion (JEDI) Committee, change will ensure “a comfortable, accepting and welcoming place for the diverse voices of REACH's catchment area.” With this in mind, the Board is in the process of implementing a plan to diversify our membership to ensure we represent the community of East Vancouver in all its ages, colours, cultures, ethnicities and genders.

The pandemic, which now is well into its third year, has had a dramatic impact on our community and on how the REACH Board has conducted itself. Some of our Board members who were elected during COVID have never met face-to-face, since most of our meetings have been conducted over the internet. Without this technology it would have been difficult or even impossible to maintain ourselves as a Board.

COVID also illustrated the important role that community health centres – and specifically REACH – can and should play in BC's public health landscape. Public health refers to organized efforts to keep people healthy and prevent injury, illness and premature death. In addition to high quality health care, REACH is committed to providing a range of services aimed upstream – work that is sometimes framed as “preventive care” but also includes advocacy and outreach to support vulnerable people in our community.

The pandemic strengthened the resolve of the Board to continue pushing the Ministry of Health to implement global or core funding for REACH. Global funding is how hospitals are funded, enabling them to

respond to emerging needs. During COVID, for example, we saw hospitals shift their focus to respond to the high numbers of people who required admission to the ICU, something they did very well throughout the pandemic. Both COVID and the opioid crisis provide clear examples of how important it is to be able to pivot our resources to where they are most needed, something that is difficult with the current, rigid model of funding.

Over the last three years, the Board's Program Planning and Evaluation Committee has worked with the Executive Director to develop a new Health Equity and Engagement program to better address health disparities and social determinants of health including exposure to violence and trauma, access to linguistically and culturally appropriate services, and access to quality health care. Global funding would strengthen this work and our relationships with other organisations in East Vancouver who, like us, aim to address poverty, racism, gender discrimination and sexism, housing, food and job insecurity – all things that impact our physical and mental well-being.

The Board provides REACH with guidance from the community it works with and represents. But this job would be challenging without the essential partnership we have with Nicole LeMire, our Executive Director. Nicole is our advisor, mentor, supporter, the interface between the Board and staff, and a woman who has become a recognized and respected voice on our behalf within BC's primary health care sector. We also are grateful and indebted to each and every member of the REACH staff, all of whom have been on the frontlines of the pandemic as well as the opioid crisis. Their skill and dedication have served our community well.

Since this is my last year as President, I've been reflecting on what I've learned and on the rich experi-

ences I've had as an active member of our community health centre. I am grateful to so many people I've met and worked with over the years, beginning with Lalya Wickremasinghe who first suggested that I might be interested in running for the Board – that was in 2003 and, as it turned out, she was right. Barbara Bell was the Executive Director at that time and from her I learned something I never forgot: sometimes the Board has to make difficult decisions that are in the long term best interests of REACH, our patients and clients and, in fact, the community. Elizabeth Barbeau was one of the Board presidents during those years and she was such a good example of the thoughtfulness, skill and commitment that all members of the Board bring with them. Elizabeth is now my neighbour, reminding me of the role REACH plays in connecting all of us to each other and to people who live across our community.

I have loved being a REACH Board member over the last many years. But the last six have been particularly enriching for me and have re-enforced those early impressions. I've learned so much from my colleagues – how to be a responsible director, how to represent a diverse and working class community, how to work as the president of an organisation, how to compromise and collaborate, how to fight for what I believe in, and how to be part of a collective and collaborative leadership. I would encourage anyone in our wonderful community to consider a position on the Board of Directors of one of the best and most innovative organisations in the health care sector. It's hard work but it's worth it.

*Colleen Fuller*

Colleen Fuller, President

## MESSAGE FROM THE EXECUTIVE DIRECTOR



We spent considerable time fine tuning our **Respectful Workplace policy** and training our staff on its implementation. Ultimately at REACH, we all agree that creating and maintaining a respectful workplace and embracing Diversity, Equity, and Inclusivity, are the responsibility of all, not just leadership.

In addition, we concentrated on stabilizing and strengthening our newly created Health Equity & Engagement department that expands our Multicultural Family Centre. Through our activities and services that **address the social determinants of health**, we promote **health equity and encourage community engagement**. We also continued to inform and support our communities, mainly on the importance of **COVID-19 vaccination and protection during Heat Waves**.

Our traditional medical, dental and pharmacy services continued to provide **low barrier access to our services and trauma-informed and culturally safe care**. Despite staffing struggles, we worked super hard to keep the same level and quality of services. In our UPCC, we focused on developing the service with our motto **“Care and Connect”** in mind. We are glad to be able to **significantly support more people in our community**, especially the most vulnerable groups. Through our Peer Support, Outreach and Public Health teams, the staff of all departments collaborate to promote integrated services to our patients, clients, and community. In addition, the collegial relationships across departments have been critical to addressing the higher-than-usual staffing shortages we experienced this past year.

Despite its many successes with outreach activities and high-quality services, **the Health Equity and Engagement department remains vulnerable due to an unsustainable grant funding structure**. Thus far, we have secured the funds to maintain critical

programs such as mental health workshops, community counselling services, public health outreach, and indigenous programming for this fiscal year, but not beyond. The funding is crucial to maintaining the community health infrastructure that we have started implementing.

As I reflect on the activities of the past year or so, I cannot do otherwise than feel extremely fortunate to be surrounded by dedicated and skilled people. **A warm thank you to all staff!** I am incredibly grateful to the people who genuinely went above and beyond the call of duty to support their colleagues and make sure quality of care and services is maintained. As always, the Administration staff never ceased to amaze me with their dedication and excellent work related to communications, liaison with the Board, finance, payroll, HR, facility infrastructure and security. They are always willing to do extra work to ensure staff feel adequately supported.

I am thankful to the **Board Executive, led by President Colleen Fuller**, for their availability, objectivity and advice, which I have always taken to heart. I am also **grateful to Board and Committee members** for their support and hard work throughout the year. Each has helped me think of operational strategies beyond what I initially thought was sound and reasonable! This year, I specifically want to thank **three veteran board members** who have been with me since I started my role as Executive Director: **Jane Turner, Una Walsh, and Bill Hood**. I also want to **thank Treasurer, Kylie Ellis who is leaving the Board**. I will miss their fierce contributions and reflections. Still, when in doubt, I know, I will ask myself, “what would one or the other have said?” So, that is to say I will carry on their legacy for many years to come.

I am pleased with what we accomplished this year, despite the adversities, and I hope we will be able

to offer our entire programming for the foreseeable future. Through our activities and services, it is clear we are promoting a **stronger, healthier, and more collaborative community**. More challenges, successes and great moments are ahead of us. With our most wonderful staff’s expertise, collaboration, and dedication, I am determined to overcome challenges and share successes and great moments with you. To you who read this message, I warmly invite you to participate in this endeavour called REACH. Whether staff, volunteer, Board or committee member, patient or client, do not hesitate to bring your suggestions forward so we can all work together to build a **sustainable, healthy community**.

Nicole LeMire, Executive Director

# VISION, MISSION, AND VALUES



## ACCESS

We believe that ALL people should have access to an appropriate and wide range of integrated health and social services.



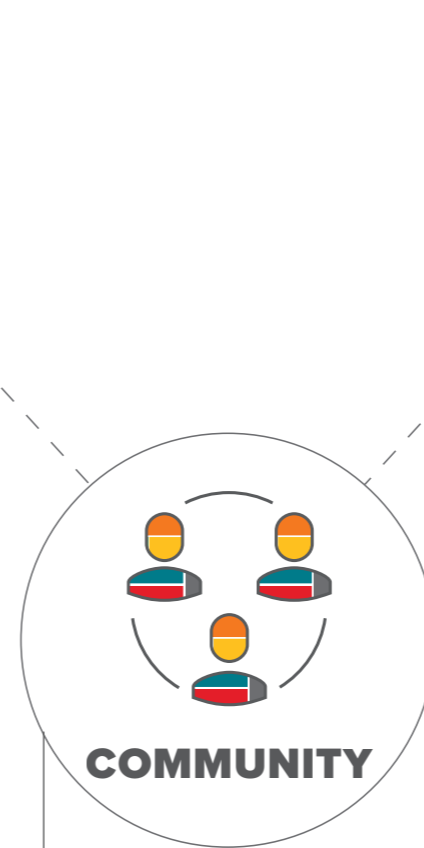
## RESPECT

We believe in the dignity and self-worth of all people, where the client's autonomy, voice and right to informed consent is respected, and endeavour to support all cultural perspectives on health and healing.



## EQUITY

We recognize economic or developmental factors that affect access to health care, and we are committed to reducing health inequities through our programs, services, and advocacy.



## COMMUNITY

We recognize the role that community plays in the health of its residents and the importance of developing community partnerships and engagement, encouraging community development, and providing community health education.



## 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.



## QUALITY

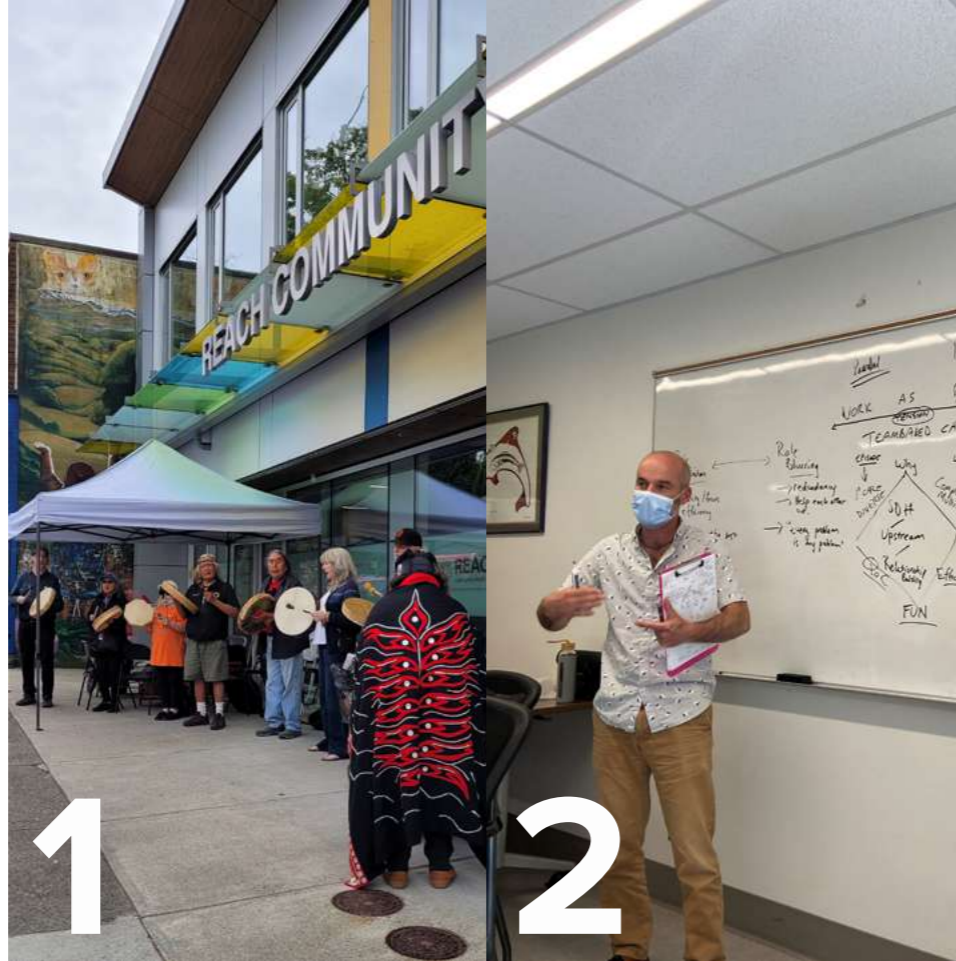
We acknowledge that a person's health must be understood holistically, with an appreciation for the interrelationship of physical, social, emotional and spiritual aspects.

**VISION:** A sustainable, healthy community

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

# STRATEGIC PRIORITIES

This section sets out the desired strategic goals as identified by the REACH Board of Directors. Its aim is to provide a unified direction over a five year period (2020-2025). The Board revisits this document each year, including evaluating progress towards each priority.



1

2

## INDIGENOUS HEALTH & WELLNESS

REACH operates on the unceded territory of the x<sup>w</sup>məθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations. We recognize a history of colonialism and its effects on wellbeing and health care. We strive to challenge the oppression of Indigenous people in everything we do. The spaces and services we operate will be safe and inviting to all people.

## ACCESS TO QUALITY HEALTH SERVICES

REACH provides high quality health services to thousands of community residents. REACH strives to continually improve its services through further collaboration and expand them to more residents. We seek to provide the right care, at the right time, in the right place, by the right person.



3

4

5

## COMMUNITY ENGAGEMENT

Both as a community organization and a health care provider, we recognize that REACH is nothing without its community. In order to ground everything that we do in our community, we will engage with, listen to, and respond to our communities.

## HEALTHY WORKPLACE

We recognize that acting with integrity means looking inward as much as we look toward the community around us. The work that is proposed by this plan, as well as the work that is done every day at REACH would be impossible without a highly trained, dedicated, and compassionate staff. We will create an environment where staff, volunteers, and Board feel valued.

## STRATEGIC PARTNERSHIP

We recognize that in order to achieve our goals, we will need to work together with other organizations, governments, and individuals. We will pursue purposeful partnerships and collaborations that will advocate for and improve our patients' experience and the overall performance and effectiveness of the broader health system.

# OPERATIONS REPORT

## Strategic Priority 1:

### Indigenous Health & Wellness

Indigenous Health and Wellness continues to be a priority at REACH. Throughout the year, we adjusted our services to be culturally relevant and safe for our Indigenous clients and patients. Together, our Medical and Dental clinics, and UPCC reported **1,188 individuals self-identifying as Indigenous. This represents about 800 unique Indigenous people who have visited at least one of our departments**; many of these individuals are also clients of our Pharmacy. In addition, our allied team helps navigate the health care system, reunite with culture, and address and treat mental and emotional health disorders, relationships and life challenges.



We adapted our **Mental Health and COVID19 education workshops to include culturally based support** and allow the participants to share experiences of different issues they may face, such as social isolation and cultural dislocation. Many of our staff contributed to these workshops depending on the topic, including Hygienists, Doctors, Nurses, Pharmacists, and Violence Prevention Workers. They brought additional support and built stronger connections between the different stakeholders.



Indigenous Peoples Day

We offered our workshops online or in person, depending on the period of the year and pandemic restrictions. Finally, following the launch of our **Wellness Video series by Elders and Knowledge Keepers in June 2021**, we promoted these videos as tools to support healing; we have over **1,400 views**.



Elder in Residence

Our health promotion activities support holistic and culturally informed approaches to well-being based on community members' needs and direct input from diverse sources. To be responsive and adaptive to Indigenous communities, **we organized several blanketing, pipe and smudging ceremonies, reaching over 1,000 indigenous people and involving local agencies and the three host nations - Squamish, Tseil-Waututh, and Musqueam.**

We organized **monthly Indigenous Women's circles** and commemorated **Indigenous History month in June**. During that month, we held workshops on Change of Season, Lunch and Learn, and hosted a community event in front of REACH with Elders engaging the community with drumming and singing ceremonies.



The Indigenous **Wellness resources** (medicine bags, seeds, informational resources) located in the UPCC waiting room continue to be popular.

Our **Indigenous Health Promoters** engaged with the broader community and promoted connections between staff and organizations such as Metro Vancouver Indigenous Services Society (MVISS), Ministry of Social Development (MSD), and Jordan's principles. They also support staff learning and awareness about cultural sensitivity and the different barriers Indigenous patients might face via activities, workshops and lunch and learn.

Our first student from **Native Education College (NEC)** completed their practicum at the end of July, 2021. It was a successful placement and we will continue to build this partnership.

All this great work is supported by our **Indigenous Advisory Committee** composed of people in our community and previous Indigenous staff members. I am grateful for the members who always provide insightful input to guide our actions and programming.

# OPERATIONS REPORT

## Strategic Priority 2:

### Access to Quality Health Services

Throughout the year, we continued to deal with the consequences of the pandemic by constantly and rapidly adjusting safety protocols and workflows and dealing with absenteeism due to sickness and, in some cases, to burnout and prolonged leaves. We concentrated our efforts on consolidating our services and building on achievements while focusing on the quality of services across all departments. In addition, all our programs and services were critically evaluated and adapted to our patients, clients and community needs. Throughout the year, we experienced some positive externalities and many successes.

**Patients and clients now have flexibility when accessing our healthcare providers** via phone, video calls, or in-person. In addition, many of our funders granted the latitude to use their funding to be more responsive to our clients and patients and to better support our community. For example, we were able to offer additional health care services to the most vulnerable people in our community. We also held community health bulletin calls to inform local part-

ners with Q&A sections addressed to our clinicians. Finally, we reinforced counselling, social work and other supports to Medical patients.

Other funders granted us additional funding which allowed us to:

- Continue our Indigenous and Public Health programming (BC Association of Community Health Centre), and support people with mental health and substance use issues via workshops and individual counselling (BC Community Action Initiative),
- Care for girls and women facing domestic violence (Canadian Women’s Foundation),
- Educate on gender-based violence prevention (Canadian Women’s Foundation), and
- Undertake a considerable consultation on the Anti-racism data legislation (BC Provincial Government),
- Subsidize dental care for working poor patients (BC Dental Association),

Over **28,500 people** received health care services between April 1, 2021 and June 30, 2022, amounting to **116,634 visits, contacts and consultations** - an increase of 19% in the number of unique individuals using our services, and 4% in the number of visits.

### Medical

At the end of the fiscal year 2022, our Medical Team carried a panel of **5,385** – a 6.6% increase in two years. Patient consultations remained predominantly telehealth, with in-person visits restricted to vulnerable persons and those requiring a physical examination. To increase patient access and reduce call volumes and waiting time, we re-introduced online bookings for specific telehealth appointments and cervical screens as an option. In addition, we are currently analyzing options to improve communication and patients’ experience.

As is the case for many other Medical clinics, our **Medical Team has serious access and capacity issues**. We currently have over 252 vulnerable people waiting, on average, eight months for their first intake appointment. With the departure of two physicians and a remote certified nurse in July to pursue other goals, capacity issues will exacerbate, and we will need to close referrals until we reach a reasonable number of people on our waitlist. Recruiting to replace the two physicians is, however, going well, and we have hopes to return to a regular flow by the end of this calendar year.

As part of our efforts to create capacity and provide care to more patients requesting a safe supply of opioids, we encouraged and supported one of our Registered Nurses (RN) to embark on a pilot program for nurse prescribing. Over the year, our RN undertook the required education and practicum experience and consulted extensively with other prescribers. **As a result, we can now transition some patients to our RN for Opioid Agonist Therapy maintenance.**



Team lunch meeting at the Medical Clinic

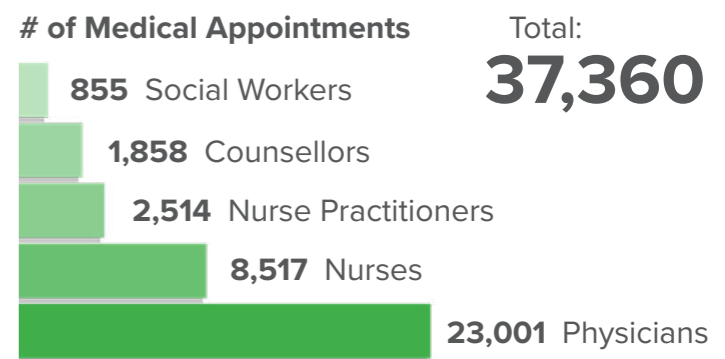
As part of our Clinical Service Plan and to combat the backlog of cervical screenings generated by referrals, the Medical Team initiated a **specialized clinic for cervical screening** with services performed by REACH nurses and casuals recruited specifically for these clinics. **At the end of August, we have offered 100 clinics and screened 809 patients.**

Anxiety and depression continue to be the primary reasons for accessing counselling. Trauma is also



Teaching sterilization protocol to nurses and medical office assistants in the medical clinic and UPCC.

commonly noted in **counselling** intakes, with 46% of new counselling clients reporting suicidal thoughts in the preceding three months. With a low ratio of counsellors available to patients, access to counselling is also very concerning despite our attempts to refer patients to other services at REACH and within the community. To provide additional trauma services to our patients, we plan to offer EMDR (Eye Movement Desensitization Response) therapy which proved popular in individual sessions. Similarly, due to staff absenteeism and budget limitation, patient access to social work services was also limited.





# OPERATIONS REPORT

## Urgent and Primary Care Centre (UPCC)

Throughout the year, the UPCC team developed and adjusted workflows to follow recommendations from our Public Health Officer and directives of Vancouver Coastal Health while meeting the demand of people presenting at the Centre. The service is developing nicely as we moved away from dealing with patients mostly presenting at the UPCC for COVID-related issues to caring for patients who come for other reasons. This switch in services is critical at a time when our Medical Team struggles with access and capacity. With the motto **“Care and Connect,”** the addition of our UPCC has **created an open system**, and we are incredibly grateful to be able to provide health care services to people in our community in a time of crisis in our health care system.

During the fiscal year 2021-2022, **80% of the visits were non-COVID-related.** The team **averaged 58 visits per weekday** and 32 on weekends and statutory holidays. People come to the UPCC for different reasons, including visits related to Upper Respiratory Tract Infection (URTI), prescription refill, drug dependency, acute pharyngitis, cystitis, other cellulitis/abscess, and general symptoms.

Throughout the year, we have realigned our workflow to support nursing absenteeism by expanding the role of our Licensed Practical Nurses and Registered Nurses to their full scope of practice. We have also adapted our processes and created decision-support tools to better care for vulnerable and marginalized people seeking services at the UPCC, especially people without MSP coverage, representing 13% of visits to the UPCC.



*Point of Care Ultrasound (PoCUS) training to increase providers' confidence in using this resource, with a consequent increase in the utilization of this tool in clinical practice.*

Services offered to **non-status patients** (people without MSP), while being supported by all teams and Board members at REACH, cause challenges to team members who feel unable to provide acceptable quality of care for these individuals with limited options for diagnostic tests and specialist services. We will continue to support these patients; however, it is clear, that more resources are required to serve this vulnerable clientele adequately.



*“Care and Connect”*

We have actively and vigorously engaged with **Quality Improvement Initiatives with the Practice Support Program (PSP)** of Doctors of BC. From April 2021 to July 2022, we completed 13 PSP projects in the UPCC; each project had the potential to compensate staff members up to 15hrs each for work done outside of their time remunerated by REACH. Some highlights of our quality improvement initiatives at the UPCC include:

- Establishing access to urgent care Opioid Agonist Therapy (OAT) during the opioid crisis enabling us to develop a team-based workflow for OAT and ensure that at least 90% of our opening hours has a prescriber available. To our knowledge, we were the first UPCC in Vancouver to offer this service consistently. We frequently see these patients with complex needs in our service and contribute to fighting the overdose crisis in BC.
- Developing provision of Point of Care Ultrasound (PoCUS) to increase providers' confidence in using this resource, with a consequent increase in the utilization of this tool in clinical practice.
- Improving our team-based patient flow to match patient needs to the “right person, right place, right time.”
- Responding proactively to the call by the Vancouver Coastal Health Regional HIV leadership to make HIV Post Exposure Prophylaxis (HIV PEP) available at UPCCs. As a result of this project, we have a team-based workflow for HIV PEP cases and enhanced knowledge and skills in the team.
- Enhancing the management of minor fractures in the UPCC to reduce the number of patients needing hospital emergency care to meet their needs.

Outside of PSP-supported initiatives, we have devoted time and resources to supporting VCH-initiated quality improvement and service development. This support included Seasonal Readiness plans for extreme heat events and collaborating with BC Emer-

gency Health Services (BCEHS), Vancouver Coastal Health and Fraser Health representatives in establishing and **supporting ambulance transfers of low acuity cases to our UPCC.**



**18,003**  
Total Visits



**13,059**  
Total Calls



**2,477**  
COVID Tests Administered



**1,361**  
Patients Without MSP

Over the past 12 months, nursing staff turnover has been high, and we lost some of the nursing skills built during many of these Quality Improvement projects. As a result, the team-based workflow that underpins many of these initiatives has suffered, placing an additional burden on physician and nurse practitioner prescribers and impacting efficiencies initially achieved. With a large contingent of nurses on the team, this repeating dynamic has highlighted the ongoing need for nurse education and skill development, supporting the case for a clinical nurse educator position at REACH.

# OPERATIONS REPORT

## Pharmacy

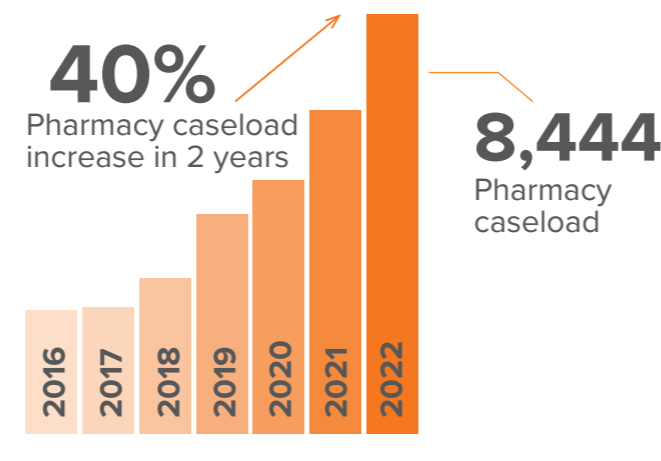
As our UPCC began to move from seeing mainly COVID-related patients to patients coming for more urgent and primary care reasons, our Pharmacy focussed on managing growth by adjusting staffing, workflow, and IT, recording a **caseload of 8,444 - a 40% increase in two years**. We also observed a **rise of 12% in prescription numbers**, which resulted in a 10% revenue increase compared to the previous year. The rate of growth in prescription counts has doubled over the last four years, raising concerns about capacity and space limitations. In the past months, the numbers have stabilized, and our changes in staffing, workflow, and IT (network and software) have allowed for better management of their limited space, for now.

As more people in BC received second and third doses of COVID vaccinations, REACH Pharmacy was involved in dispensing **Rapid Antigen Tests** and continues to be on the front lines of distribution and education. In addition, our Pharmacy got involved in dispensing PAXLOVID, an **antiviral treatment for COVID for high-risk patients**.

Annual Flu Clinics continued at REACH. Unfortunately, our Medical team could not get a City permit to host a public Flu clinic this year. As a result, our **Flu clinics** translated into drop-ins offered mostly through our Pharmacy. In total, we administered over **800 doses** through this initiative. Our Pharmacy also conducted a half-day flu vaccination clinic at the Strathcona Community Policing office. In addition, we engaged in a clinic campaign for patients specifically attached to our Medical Clinic. Licensed Practical Nurses (LPN) led this campaign with the participation of students from the UBC Faculty of Medicine and the support of Registered Nurses for our youngest patients. Despite the expectation of high volumes of patients as in previous years, turnout for this clinic was low, with only 113 patient visits.



Drop-in Flu clinic provided by our Pharmacy.



Finally, our Pharmacy had its first Health Canada narcotics and controlled substances inspection. These inspections by the federal government are rare and random, and we suspect the increased narcotics usage for Opioid Agonist Therapy clients may have triggered this initiative. Following the inspection and inspection report, we are pleased to report that **the Pharmacy met the applicable legislative and regulatory requirements**.

## Dental

With **9,102 visits** during the fiscal year 2021-2022, our Dental team experienced close to a 10% decrease in visits compared to the level before the pandemic. Consequently, the level of production was systematically lower than budgeted. To improve output, the team has implemented a texting system as another tool to communicate to patients to minimize cancellation/no-show rates and implemented a new pod-based workflow. These improvement measures brought better accountability and higher consistency while building teamwork. **We are encouraged by the recent rise in the production level**, which is approaching the budgeted amount.

We remained **committed to offering a discount to low-income patients** without dental insurance (on average 75 patients per month) and **subsidized treatment costs for patients** under social insurance representing slightly over 20% of Dental total revenues.



**9,102**

Visits to dental clinic during the fiscal year 2021-2022



REACH Dental Team consists of a diverse group of professionals, together speaking 9 different languages!

## Health Equity and Engagement

In the past year, we have solidified and expanded key programming areas. With the support of **17 different funders**, we addressed various aspects of the social determinants of health to improve health outcomes through better access to quality allied health services and information. In addition to our cultural connection programs through our Multicultural Health Centre, we now provide support in the areas of Gender-Based Violence, Mental Health and Addictions, Health Education and Access to Information, Income and Food Security, and Advocacy.

Our **Cross-Cultural Health Promoters (CCHP)** supported **5,675 unique individuals** and provided **18,140 service contacts** throughout the year. Our CCHPs served as a vital link to Latin American, Vietnamese, Arabic, and Indigenous communities. In addition, they provide high-quality social connections through culturally specific peer led group programs and one-to-one services.



**5,675**

unique individuals



**18,140**

service contacts

Supported by **Cross-Cultural Health Promoters**

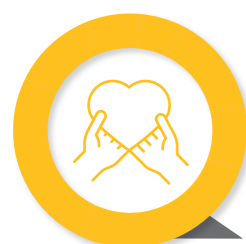
This past year, our CCHPs reported a decline in clients' mental and physical health and a rise in people experiencing institutional racism. To support these cultural communities, we offer one-to-one and group services. Groups are created and services are delivered based on the community needs. They in-

# OPERATIONS REPORT

clude topics such as Settlement Program for Middle Eastern women to promote integration into Canadian society, Digital Literacy; Outings/Field Trips; Food Skills; First Aid; English conversation circles; Diabetes Prevention, etc.

We offer two **Gender-Based Violence Prevention Programs**. The first one welcomes all women who are victims of violence. During the year, we supported **118 clients**, 80% were REACH patients, and 91% were Indigenous or Women of Color. Evidence asserts that Indigenous women experience violence at higher rates than non-Indigenous women, which is reflected in our services. In addition to one-to-one support, we offer **Indigenous Women's Sharing Circle** facilitated by Elder Gertie. The group serves as a positive grounding during this challenging time. When we lifted the pandemic restrictions, we had a special in-person evening featuring dinner and a Blanketing Ceremony, to show these women that they are honoured and loved. We also organized Land-based Healings in Bowen Island, Whistler and Sechelt.

## Gender-Based Violence Prevention Programs



**118**

clients

**91%**

Indigenous, Black and/or People of Colour

The second **Gender-based violence Prevention Program targets Arabic-speaking women with 564 individual contacts**. Similarly, we offer both one-to-one and group support. Over the year, the program had referrals from police departments, police-based victim services, Mosaic, Pacific Immigrant Services Society and Battered Women's Support Services. REACH is now well known as a place where Arabic-speaking peoples can come to access gender-based violence support services.

We hosted two **Community Connection Events** at RayCam Community Centre, connecting Syrian and Indigenous communities with an average of over **60 participants**. These events were a big success and well received by both communities.



*Celebrating Eid al-Fitr with our community partners at Mount Pleasant Neighbourhood House.*

The partnership with the **BC Community Action Initiative** has yielded significant benefits to REACH and the wider community. As part of Surge Funding through the BC Ministry of Health, REACH expanded the counselling services we provided in the community. Over the last two years, we worked to refine our procedures for our workshops to support people with mental health problems, and now have a solid administrative framework in place. This year, we focused on those workshops that yielded the most engagement in the community and concentrated on the following: **Dialectical Behavioral Therapy, Grief and Loss, Art Therapy, and Mindfulness**. Throughout the year, we completed 15 workshops with **417 participants**.

This year, we were excited when Frog Hollow Neighbourhood House approached us to partner on an art-related project in the clinic. From this partnership, we delivered two **anxiety workshops to youth**. We are hoping to expand our collaboration in the upcoming year.

In addition to the workshops, we were delighted to offer **community counselling** and now have a community counsellor on staff. They are conducting groups (both internally and externally with partners) and seeing clients for short-term counselling sessions. Our counsellor currently has a load of 25-30 clients. The speed with which their caseload has increased reflects the need for open access and affordable counselling options. Clients are looking for support to process domestic violence and/or sexual abuse, anxiety and depression, sobriety, Post Traumatic Stress Disorder-related symptoms, and help to navigate the impacts of Borderline Personality Disorder.

## COUNSELLING SERVICES at REACH



Flavia Silveira is a Registered Clinical Counsellor who just joined the REACH team and will be providing free, short-term individual and relationship counselling services to the community. Their approach is client-centred. Collaboratively, you will identify your needs, develop self-awareness and insights, build coping mechanisms, and connect with community resources.

Aligning with REACH's multicultural and equitable approach to healthcare, Flavia takes every person's cultural and social background into consideration to provide a safe environment for those who need it the most. She will rely on a trauma informed approach, drawing on cognitive behavioural therapy (CBT), queer theories, narrative-therapy and anti-oppressive perspectives. She is also able to offer services in both English and Portuguese.

If you want to learn more about our available counselling services, you can contact Flavia (MCP, RCC) at [fsilveira@reachcentre.bc.ca](mailto:fsilveira@reachcentre.bc.ca) or 604-251-3000 ext. 299.



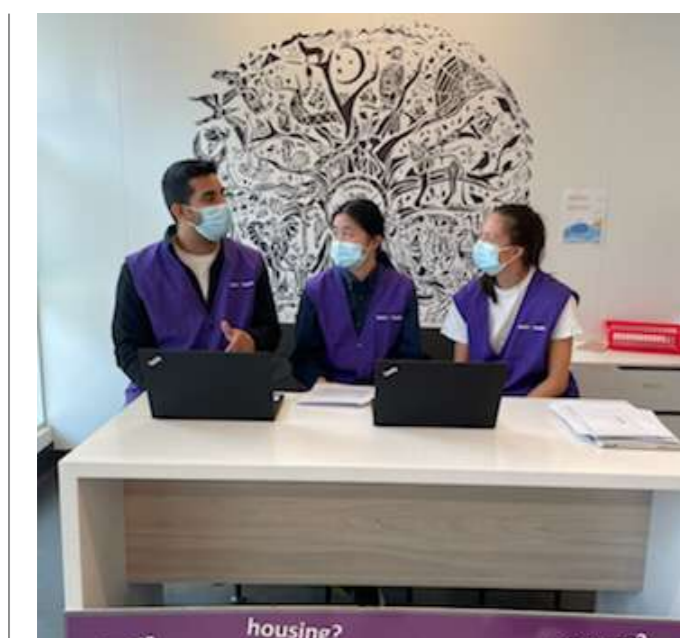

Community Counselling

We continued to grow our partnership with the Canadian Mental Health Association to pilot the **Links to Employment Program within our Medical clinic**. Over the last year, we observed a steady increase in the number of referrals from our providers in the Medical clinic and the number of participants in the program tripled during the last year. Participants in this program have barriers to vocational engagement and they receive Ministry of Social Development and Poverty Reduction services via the Persons with Disability (PWD) or Persons with Persistent Multiple Barriers (PPMB) status. Similar to what we noted with our Mental Health workshops and other services, mental health continues to be a barrier for those trying to reach their vocational goals. Fortunately, we were able to hire a 0.4FTE clinical counsellor to support vocational goals.

# OPERATIONS REPORT

This year we decided to transition our Food Program away from hampers to the **distribution of Gift cards** - compared to the previous year, we had a much higher rate in the use of the Food Cards (208 vs 971), echoing what we heard from the community that food security continued to be an issue. In addition, to support some of our clients, we distributed **Warm Weather Kits** (Socks, gloves, tuques and mitts), **Indigenous Wellness kits** (smudge bowl, traditional medicines and food to support connection to culture), and **PPE Kits** (Reusable masks, hand sanitizer, soap, soap dish and hand cream).

Due to the pandemic, our **Student Volunteers Program, Basics for Health**, offered remote service with two hours of availability at least four days a week. This remote service allowed the program to be re-established somewhat for both clients and clinicians. As of March 2022, we had 14 volunteers who engaged with individual clients in addition to conducting research and information requests for allied care team members and care providers.



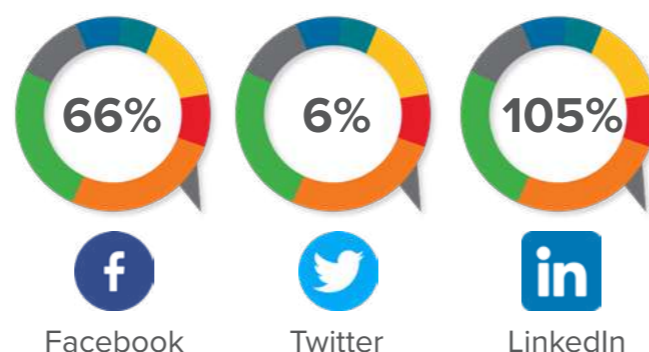
Student Volunteers for Basics for Health Program

## Strategic Priority 3: Community Engagement

Community Engagement and responsiveness are key values that stand behind our services and program development. Hence, we allocated resources to reach out to our community in different ways.

For example, one of our goals to stimulate engagement this year was to increase our presence on social media. We post activities our teams undertook, promote our services and programs, and recruit candidates. On Facebook, our followers increased by 66%, while it increased by 6% on Twitter and 105% on LinkedIn. Our social media posts contribute in community engagement by creating 8,000 to 10,000 impressions monthly.

### Follower Count Increase



Staff engaged with the community by **participating in community partners' meetings**. We then discuss the main points at **our monthly Outreach meeting to ensure a consolidated effort**. Our participation at these meetings keep us informed about what is going on in our community and allows us to respond appropriately.

In addition to participating in community meetings, we had several internal and external meetings to find ways to best **support the increasing number**

**of people without MSP coming to our UPCC.** Most of these patients are Spanish speaking, with multiple barriers to accessing healthcare. **To learn more about their needs and barriers, our UPCC ran a survey.** The top points of interest were legal rights, health, and finding resources that are available to them. We also hosted "Access without Fear" meetings involving several community partners. During these meetings, participants discussed access to healthcare for patients without MSP and ways to support them.

### Top points of interest among people without MSP



To be responsive to our community, we adapted our **community health bulletins** to inform community partners during highly uncertain times and allow them to receive immediate updates. In line with the demand, we noticed two spikes in community engagement in these bulletins: in April 2021 to coincide with the rollout of the public provincial vaccination programs and in January 2022, during the height of the Omicron wave. These bulletins allowed



Walk with REACH Doctors in partnership with Doctors of BC.

community partners to ask questions directly to our health providers (mostly pharmacists and nurses).

Our **Public Health** team worked on several projects.

- The COVID-19 pandemic continued to shape our Public Health work. We provided a strong presence throughout the year by delivering our **COVID-19 workshops to several community agencies**. The partnerships and success of these workshops led to requests well into 2022 from partners such as First Nations Health Authority and Frog Hollow Neighbourhood House to provide education for their staff. Building on these workshops, in partnership with our Multicultural Family Centre and the Indigenous Health Promotion teams, we offered several cultural events and ceremonies to address the ongoing social

# OPERATIONS REPORT

isolation and cultural disconnect expressed by our community members.

- The team shifted their focus away from COVID-19 to start a discussion on **Mental Health and Substance Use (MH&SU) programming** at REACH. The team hosted many meetings with our Public Health core group, organized consultations with different departments, completed an exercise to highlight needs and gaps in community services related to Mental Health and Substance Use, and connected with the Medical and UPCC departments to further discuss these issues. Significant themes arose from these consultations, including structural barriers and gaps in navigation, specialized assessment connection, and psychiatric and counselling services. As a result, we drew a map of all MH&SU services offered at REACH.



Photovoice exhibition: Community members contributed their unique stories of experience with substance use and mental health.

<https://www.reachcentre.bc.ca/news/2022/3/15/photovoice>

**REACH**  
Community Health Centre  
Building healthy, sustainable communities since 1969

## EXTREME HEAT SAFETY WORKSHOP

- ✓ WHAT ARE THE HEALTH RISKS?
- ✓ WHAT CAN YOU DO TO STAY COOL?
- ✓ HOW TO CARE FOR SOMEONE WITH HEAT RELATED ILLNESS?

**STAY SAFE THIS SUMMER**

**Online workshops:** Monday July 11th 4-5pm, Sunday July 17th 6-7pm  
**In-person workshops at REACH:** Friday July 15th 10-11am, Tuesday July 26th 4-5pm

**RECEIVE FREE COOLING KITS!**

All workshops are free and open to the community.  
 Contact Faith Tang to sign up!  
 ftang@reachcentre.bc.ca or 604-245-3838



Extreme Heat Safety Workshop

- As part of this MH&SU initiative, we started a Photovoice project with a small cohort. Photovoice is a qualitative method used in community-based participatory research to document and reflect the reality of participants. We also developed a new partnership with the team at Oppenheimer Park to offer low barrier photovoice workshops to some of the marginalized people in our community.
- In response to the heatwave, we installed a water tank in the UPCC waiting area to supplement the one installed in the Dental waiting area. Our Public Health Team took the lead on developing an **Extreme Heat Safety workshop**. With the timing of the social media posts advertising the workshops and with the support of the City of Vancouver, we provided cooling kits to some participants (not all, unfortunately, due to demand). At the end of July 2022, we partnered with 22 organizations serving 276 participants (69% seniors).
- We undertook **community consultation to support the implementation of the Anti-Racism Data Legislation**. Over 400 participants from Indigenous, Arabic-speaking, Vietnamese and Hispanic communities shared their thoughts. In addition, many partners took part in this project, including Vancouver Aboriginal Friendship Centre Shelters, Girls Who Leap, Dudes Club at Kilala Lelum Health Centre, RayCam Co-operative Centre, Britannia Community Services Centre, and REACH's Multicultural Family Centre. In addition, our cross-cultural health promoters translated documents, articles, and surveys for the project. When possible, we plan to invite all participants back for a Multicultural Health Fair, at which time we will share results from these consultations. Through this project, we are gaining greater insight into the needs of our community. This process was an engaging model for

the community and one that we hope to use as we develop and implement an expanded needs assessment for next year.

- The last project undertaken by the Public Health team relates to **engaging people entering the main REACH space through a Welcome/Resource table**. Resources are updated based on the community's needs and often linked with what we highlight on our windows displays and our social media. We will continue this project as part of our ongoing programming priorities in the 2022-23 fiscal year.



REACH connected with over 200 people at Union Gospel Mission's 'Summer Connect' for people of the Downtown Eastside.

# OPERATIONS REPORT

## Strategic Priority 4:

### Healthy Workplace

REACH has grown substantially over the past four years and now counts 152 staff, 52% are permanent, either full or part-time, 31%, primarily physicians and dentists under contract, and 16% are casual. As with many health care organizations, especially not-for-profits, we faced problems due to sick leaves, in many cases for an extended period, and staff retention. To foster a healthy workplace, we concentrated on two interrelated tangents: Strategies to Promote Retention, and Health and Safety.

#### Strategies to Promote Retention

We started by analyzing comments made by staff in response to our staff satisfaction survey and created a plan to address many of the recommendations. As a result, we have increased opportunities for professional development and modified our workflows and protocols to promote team-based care and job satisfaction. Medical, UPCC and Peer Support teams organized monthly education rounds. We also hired a Clinical Nurse Educator to support nurses' professional development.

We adjusted all salaries to COLA for permanent staff and adjusted some salaries to align with market rates. To incentivize Medical Office Assistants and nurses at the UPCC, we added 10% to their hourly wage for hours worked between 6 pm and 10 pm.



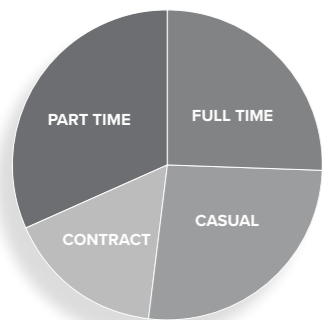
Promoting friendship and collaboration between departments



Random Acts of Kindness: the lovely words we said about one another.

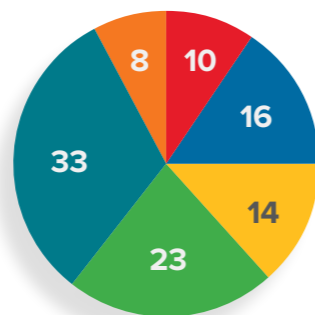
Many mentioned that **lack of space** affected their job satisfaction and added to exhaustion and burnout. We considered different options to respond to this situation but have not yet found a feasible solution.

We are very **thankful to our Social Committee**, composed of representative from each department, for organizing **several social activities and events** to increase staff interactions and lift spirits.



**152**  
Full time: 39  
Part time: 40  
Casual: 25  
Contract: 48

Active staff per employment type (June 30, 2022)



Active staff per department (June 30, 2022 | Excluding Employees on Contract)

#### Health and Safety

Health and safety measures concentrated on **COVID safety protocols** and **Violence Prevention strategies**. The emergence of the Omicron variant in December led to staffing challenges. Also, following an increase in escalated situations and verbal abuses toward our staff by patients and clients, we developed and implemented a Violence Prevention strategy, including several corrective measures. As we analyzed the current situation, these measures seem to have helped create a safer workplace, but we remain vigilant.



Staff Clothing Swap event reduces environmental impact and a fun way to get together.



REACH staff united for games and a potluck summer 2022.

# OPERATIONS REPORT

## Strategic Priority 5:

### Strategic Partnerships

We recognize the importance of building and nurturing relations at different levels to ensure our health care services meet the needs of our patients, clients and community and improve their experience. Our partnerships have several visages: financial partners that finance new or existing programs, service partners that directly complement or supplement the range of services offered by REACH, and numerous collaborative partnerships with other community service providers. Please refer to the list of partners on page 39.

**Vancouver Coastal Health** is currently financing a large part of our health care services. As always, we are grateful for VCH’s contribution to supporting the health of our community. However, the funding provided by VCH is insufficient to adequately compensate our staff, address the social aspects of health care, and promote public health and wellbeing within our community. We must seek funding elsewhere, and currently, **we have 17 funders supporting our work**. This method of funding is highly inefficient and counterproductive which is one of the reasons we continue to **strongly advocate for Global funding**.

We also continued to build on our **numerous partnerships with community service organizations** to strengthen the delivery of our health care services. We are incredibly grateful to work in such a supportive and collaborative environment.



# DASHBOARD

Dept	Indicators	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Medical	Physician Panel Size (D-74)	4,568	4,312	4,531	5,141	5,027	5,110	5,385
	Total Appointments (D-82)	28,072	23,961	24,161		32,089	37,076	37,360
	Physician Visits	21,786	18,603	19,379	21,738	20,755	22,922	23,001
	Nurse Practitioner Visits						1,767	2,514
	Nurse Visits	4,945	3,962	2,814	6,150	7,951	9,087	8,517
	Social Worker Visits	982	524	565	870	1,015	1,456	855
	Counsellor Visits	359	872	1,069	1,377	2,049	1,844	1,858
	New Patients (D-77)	554	441	531	801	374	401	336
Pharmacy	Caseload	2,480	2,547	3,132	4,410	5,107	6,508	8,444
	Prescriptions Filled	18,547	20,048	33,740	51,067	58,817	64,785	72,748
	Total Consultations	No Data	5,122	8,087	8,103	8,769	10,293	10,935
Dental	Total Visits	9,349	7,733	9,189	10,317	10,068	6,826	9,102
	Panel Size (in past year)	2,732	2,627	2,865	3,401	3,605	3,142	3,285
	# of Patients on Active Recall	1,069	1,555	1,553	1,574	1,647	1,649	1,520
	Total # of Recall Visits	1,183	1,067	1,142	1,191	1,232	823	1,080
	Subsidy Spending Against Budget	\$246,764	\$305,714		\$427,993	\$456,493	\$345,362	\$498,765
MFC	Service Contacts	17,975	16,148	18,055	16,353	14,678	17,132	18,140
	New Participants	2,589	2,333	2,382	928	909	636	769
	# of Group Sessions	756	503	528	684	464	241	367
UPCC	Total # of Visits						20,205	19,025
	Total # of In-Person Patient Visits						15,815	18,003
	Total # of Virtual Visits						4,390	1,022
	Average Per Day						58	52
	Total to Date						20,205	39,230
	# of Phone Calls						23,084	13,059
	# of COVID Tests						7,504	2,477
	# of Patients Self-Identified as Indigenous						0	316
	# of Patients w/o MSP						0	1,361

## MESSAGE FROM THE TREASURER



This has been my second year as Treasurer at REACH, and the role has been very gratifying. I extend a huge thank you to the Finance Committee members Abbe Nielsen, Neal Jennings, and Jill Kelly for their support over this past year as well as staff members Henry Yuen and Nicole LeMire, for their commitment and efforts.

The year has proven to be challenging as everyone finds their way to adjust to the new normal. Presently, expenses are increasing faster than revenue. While it is not currently a serious problem, it is something the committee will monitor as it could be concerning if it continues in this direction. Despite this, REACH balanced the budget this past fiscal year.

In 2019 the Board passed a motion to complete a regular review of the salaries to ensure staff were being compensated appropriately. This past year, the salaries were reviewed and adjusted to market rate where necessary. Also, salaries were adjusted for 2021 cost of living (COLA). Though this will increase the overall expenses, the Finance Committee is satisfied that REACH has the capacity to incur these additional costs.

The committee reviewed the internally restricted net assets to ensure REACH has enough funds to maintain ongoing capital investments, to pay staff and other contracted costs in the event of an extreme

funding loss, and for pilot projects or programs. Luckily, REACH did not need to access the funds this year. While we are always glad to have positive excess of revenue over expenses for the year, the Board continues its work to ensure that every dollar that comes through the door is invested in our organisation, our staff, and our community. With the flexibility of some of our funders we were able to reallocate a portion of funds to extend our Public Health and Indigenous programs for 2022.

The committee continues to discuss the need for global funding as the current method is inefficient. REACH is fortunate to have the Pharmacy and Dental departments which contribute by re-directing some revenue to other programs. However, having to rely on these multiple sources is not productive or sustainable. The committee is hoping global funding will become a reality and allow REACH to focus on building a strong community.

I unfortunately will be departing the Board as I am moving abroad for a new life adventure. I will remain part of the Board until a replacement is found. I wish the Board and Finance Committee all the best for the 2022/2023 year.

Kylie Ellis, Treasurer

## FINANCIAL STATEMENT

### CONDENSED STATEMENT OF REVENUES AND EXPENSES AND MEMBERS EQUITY FOR THE YEAR ENDED MARCH 31, 2022

REVENUE	2022	2021
Medical Grants	3,371,305	3,123,739
Dental Fees	1,942,896	1,801,128
Pharmacy Sales	2,197,772	2,049,925
Multicultural Family Services	574,330	444,153
UPCC	2,576,267	2,586,557
PCN	523,362	391,794
Other	311,590	828,012
	<b>\$ 11,497,522</b>	<b>\$ 11,225,308</b>

EXPENSES	2022	2021
Salaries & Benefits	8,377,293	7,939,777
Direct Services & Supplies	1,866,713	1,728,954
Administration	1,253,784	1,245,577
	<b>\$ 11,497,790</b>	<b>\$ 10,914,308</b>

NET ASSETS	2022	2021
Net Revenue over Expenses	(268)	311,000
Internally restricted for contingency purposes	1,500,000	1,500,000
Invested in property and equipment	1,899,242	1,588,242
<b>Total Net Assets</b>	<b>\$ 3,398,974</b>	<b>\$ 3,399,242</b>



# COMMITTEE REPORTS

## Human Resources Committee

**Members: Cyndia Cole (Co-Chair), Una Walsh (Co-Chair), Bill Hood, Emma Macklem, and Nicole LeMire**

The HR Committee has continued this year to provide advice and recommendations to the Board on the effective implementation and application of sound human resources policies and decisions. In this role, the HR Committee provided advice and feedback on the updates to the newly finalized Personnel Policy Manual.

Additionally, the HR Committee provided advice on the creation and implementation of the new REACH Respectful Workplace Policy which includes a revised investigation process for any alleged breaches of the policy. As part of a succession strategy, the HR Committee moved this year to a co-chair model.

The HR Committee also provided advice and assistance on an as-needed basis in the resolution of any personnel issues which have been referred to it. The HR Committee reviewed a report on staffing by department including recruitment and retention.

*Respectfully submitted, Cyndia Cole and Una Walsh, Committee Co-Chairs*

## Justice, Equity, Diversity, and Inclusion Committee

**Members: Daniel Cook (Co-Chair), Emma Macklem (Co-Chair), Colleen Fuller, Stephanie Skourtes, and Tanis Wilson**

The Justice, Equity, Diversity and Inclusion (JEDI) Committee was established as part of the Board’s commitment to diversifying the Board.

The JEDI Committee is charged with ensuring the REACH Board is a comfortable, accepting and welcoming place for the diverse voices of REACH’s catchment area. These voices include Black, Indigenous, and all People of Colour (BIPOC); Lesbian, Gay, Bi-Sexual, Trans, Queer, Questioning, Intersex, Pansexual, Two-Spirit, Androgynous & Asexual (LGBTQQIP2SAA), and women; as well as diversity of ages, abilities, life experiences; and social, financial, cultural, or educational backgrounds.

In its inaugural year, the JEDI Committee refined and continued work on its Action Plan, a series of recommendations as part of the Board’s work to address potential barriers preventing key voices from seeking election to the REACH Board. Work included the development of recruitment materials which clearly explain the role of a REACH Board member, and discussion of an expense reimbursement policy for things like childcare, transit, parking, and gas.

In the coming year, the JEDI Committee will support the Executive Committee in carrying out a modernized onboarding process, a Buddy System for new Board members, and a refined meeting structure that will offer more opportunities for community involvement (e.g., Indigenous Elders). The Committee will also consider how to involve REACH Board alumni in Board advocacy and activity in a meaningful way.

*Respectfully submitted, Emma Macklem and Daniel Cook, Committee Co-Chairs*

## Program Planning & Evaluation Committee (PPEC)

**Members: Jane Turner (Chair), Danielle Burch, Piotr Majkowski, Stephanie Skoutes, Tanis Wilson, and Nicole LeMire**

The PPEC reviewed all of the programs offered at REACH in the 2021-22 year. A grid was designed to provide a framework to outline the major programs, the staff who ran the programs, the number of patients/clients participating and the approximate cost for each program. The grid was presented to the Board so that the scope and content of REACH’s programs could be seen quickly. The committee would like to thank the extraordinary work of the Executive Director for filling in the details of this overview.

In addition to the grid, the PPEC reviewed the priorities of the Board and made recommendations to update them to reflect the current work and thinking of the Board.

The PPEC also reviewed and recommended to the Board the Health Equity and Engagement programs and their budgets before the adoption of the budget in April.

As Chair of the PPEC, I wish to thank the committee members and the Executive Director for the excellent work done this year on evaluating and reviewing the programs offered at REACH.

*Respectfully submitted, Jane Turner, Committee Chair*

## Outreach Committee

**Members: Bill Hood (Chair), Colleen Fuller, Cyndia Cole, Jane Turner, Kimberley Lang, Shari Laliberte, Tanis Wilson, Malcolm Steinberg, and Nicole LeMire**

This year our work continued to focus on ways the committee could support our goal of achieving sustainable funding for all of our programs including Public Health and Indigenous-focused work, and global funding in general. We continued to be guided by our ongoing reflection on the “In Plain Sight” Report on systemic racism in the BC Healthcare system – and the calls to action it included.

To this end, the committee organized two zoom public forums, one in February on the ongoing need of global funding for REACH and one in June on the proposed Federal National Dental Plan. Both forums were successful and each captured a reasonable audience with 30+ people. See page 32 for more details. We want to thank a group of VCC Nursing students who worked on the first public forum.

Members of the Outreach Committee also worked on an “Elders Inclusion” joint sub-committee with members of the JEDI Committee. Through a series of meetings, this group produced a report to the Board that focused on concrete proposals to deepen our relationships with the host First Nations, build sustainable links local indigenous organizations, and possibly alter the format of a couple of Board meetings per year, to more effectively include the perspectives of people in our community in the work of the Board.

The Outreach Committee also worked to make sure that the Committee’s work in the community effectively meshed with, and supported, the many ongoing outreach activities of REACH staff members, and continued to prioritize increasing the membership of REACH.

*Respectfully submitted, Bill Hood, Committee Chair*

# PUBLIC FORUMS

## Global Funding

In February, the Outreach Committee of the REACH Board and the VCC Nursing Program collaborated to host an online public forum about Global Funding. Panelists; Colleen Fuller, President of REACH; Nicole LeMire, Executive Director of REACH; Stacy Ashton, Executive Director of Crisis Intervention and Suicide Prevention Centre of BC, provided an exclusive insight into how the global funding model employed by other provinces allow Community Health Centres (CHCs) and Social Services to optimize their community offerings.

Watch the video to learn more about the potential of global funding and the far-reaching impact it could have on community health.



[WATCH THE RECORDING](#)

## Dental Care for All

REACH hosted an online public forum, Dental Care for All on June 23, 2022. We learned so much and look forward to a brighter dental future!

Thank you to all panelists; Don Davies, Member of Parliament at House of Commons; Brandon Doucet, Coalition for Dentalcare; Karese Mahnic, REACH Dental; Sarah Clifford, Vancouver Aboriginal Health Society for their insights and our REACH Board of Directors for organizing this informative session.

Watch the recording to learn more about this important change and how it could impact you and your family!



[WATCH THE RECORDING](#)

# HIGHLIGHTS

## PRIDE at REACH



We celebrated our 2SLGBTQ+ community on the Vancouver PRIDE weekend, connecting with community members and to share information about healthcare, well-being programs, and other available support and resources. Thanks to our community partners; MOSAIC, QMUNITY, Rainbow Refugee and Health Initiative for Men (HIM) for collaborating!



## Conference on the Move

It was our pleasure to collaborate with The Network: Towards Unity for Health (TUFH) welcoming a group of national and international health professionals, including physicians, nurses, healthcare researchers and educators from Ethiopia, Nigeria, Belgium, South Africa, and Canada. We enjoyed sharing our practices and service delivery model, and had productive discussions on how we could improve community health locally, nationally and globally.



## Extreme Heat Safety Workshop

Community care means looking out for one another and sharing helpful tips when the climate becomes challenging. REACH invited community members to join online or in-person workshops where we equipped them with knowledge about staying safe from extreme heat and a FREE cooling kit supplied by City of Vancouver.



## Orange Shirt Day

We held a Staff Lunch & Learn followed by a Blanketing Ceremony for residential schools' survivors. Thank you to all who participated.

# HIGHLIGHTS



## International Nurses' Day & National Nurses' Week

To our nurses and all the nurses out there, THANK YOU for what you do, your dedication and great care for our community!



## International Nurses' Day & National Nurses' Week

On International Nurses' Day and National Nurses' Week we recognized our dedicated nursing team who deliver high-quality and holistic care to our patients and community members.

### Mental Health & Substance Use Support Workshops

Summer 2022

<p><b>Mindfulness &amp; Expressive Art</b></p> <p>The goal of mindfulness sessions is to support people by providing a space and tools to learn and practice mindfulness as part of stress reduction for anxiety or for people who would like to improve their overall well-being.</p> <p>Online: 6 sessions Tuesdays: 4:00 - 5:30 pm Dates: June 7, 14, 21, 28 July 5, 12</p>	<p><b>Physical Activity Group (Light Stretch &amp; Movement)</b></p> <p>These weekly sessions will have a variety of light movement and stretch exercises to build patient confidence when exercising and stretching on their own in a safe and effective manner.</p> <p>In-person: 6 sessions Mondays: 10:00 - 11:00 pm Dates: June 6, 13, 20, 27 July 4, 11</p>
<p><b>Life/ Role Transitions</b></p> <p>This workshop is designed for people to come together to share their struggles with significant life/role changes such as: change or loss of job, change in relationships (divorce/separation), sudden change in health (medical or mental health), change in lifestyle (e.g. substance use, retirement).</p> <p>In-person: 6 sessions Tuesdays: 10:00 - 11:30 am Dates: June 7, 14, 21, 28 July 5, 12 Follow-up: Aug 9</p>	<p><b>Dialectical Behavior Therapy (DBT)</b></p> <p>DBT's main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others.</p> <p>"Gain skills that can help you experience your life as worth living - one that is satisfying and one that brings happiness." - Linehan</p> <p>Online: 7 sessions Tuesdays: 5:00 - 7:30 pm Dates: June 28 July 5, 12, 19, 26 Aug 2, 9</p>

For more information please visit [www.reachcentre.bc.ca](http://www.reachcentre.bc.ca). Spots are limited, register today via email Maddie, Workshop Administrator [MSobhanpoor@reachcentre.bc.ca](mailto:MSobhanpoor@reachcentre.bc.ca) or call 604-245-3838

REACH Community Health Centre 1145 Commercial Drive Vancouver BC V5L 3K3

## Supporting Mental Health

Mental health and wellbeing support have continued to be in high demand in our community, we ran FREE mental health workshops from June til August in the areas of movement, dialectical behaviour therapy, and art.



## Oral Health Month

During Oral Health Month in April, REACH shared tips, resources and fun facts to help people to optimize their dental care regime and feel their best!

## World Refugee Day

June 20, 2022



## World Refugee Day

On World Refugee Day, we recognized the Multicultural Family Centre (MFC) team and our brilliant group of Cross Cultural Health Promoters who provide support with settlement and integration into our healthcare system and hold regular peer-support groups for Latin-American, Vietnamese, and Arabic community members.



## Happy National Physicians' Day

To our physicians and all the physicians out there, THANK YOU for what you do, your dedication and great care for our community!



## National Physicians' Day

We were excited to acknowledge our skilled and devoted physicians in both our Urgent and Primary Care Centre (UPCC) and Medical Clinic on National Physicians' Day! This team of professionals are advocates for community health and deliver high-quality, innovative care to our patients and community members.



## National Dental Hygienists Week

We introduced our Hygienist, Crystal on National Dental Hygienists' Week and highlighted some of the important work of hygienists including providing oral health education and maintenance through cleanings.



## DOMESTIC VIOLENCE AWARENESS MONTH



- PEACE
- COURAGE
- SURVIVAL
- HONOUR
- DEDICATED TO ENDING VIOLENCE

## Stop Violence

November marked Domestic Violence Awareness month in Canada. REACH provides support for people who have been victims of gender-based violence.



## Thank You, Community

Our neighbour restaurant, Community Taps + Pizza shared their appreciation with our staff for what we do! Delicious pizzas and warm kindness definitely boosted our energy!

# HIGHLIGHTS



## International Women's Day

On International Women's Day, we celebrated the wonderful women at REACH who provide quality health and wellness support to our community. They work diligently towards increasing health equity and removing gender-based bias within the healthcare system. We honoured every woman for their strength, resilience and willingness to make positive changes to the world!



## Multiculturalism Day

A big part of what we do includes creating a culturally inclusive and safe environment for everyone who needs access to our resources. On Canadian Multiculturalism Day, our staff celebrated the rich diversity within our teams by wearing something of cultural significance!



## Love is in the Air

In February, we created a window display and shared some tips for supporting our mental health.



## Online Workshop

Our clinical counsellors organized an online stress management workshop to support our community members.



## Allied Health Professionals' Day

For Allied Health Professionals' Day, we acknowledged our team who rose to the challenges resulting from COVID-19 playing critical role in our healthcare system. Thank you for your tireless efforts!

# NOTABLE AWARDS



## CELEBRATING DIVERSITY

Our Multicultural Family Centre (MFC) team won the annual *Riasat Ali Khan Diversity Award* from the Affiliation of Multicultural Societies and Services Agencies of BC (AMS-SA BC)! This award recognizes member organizations, staff and volunteers for their innovative contributions and efforts to diversity and inclusion in BC.

MFC has been an integral part of REACH Community Health Centre for over 30 years, providing culturally respectful and inclusive services within the community, including language assistance to help navigate accessing health resources.



## LONG-SERVING COMMUNITY

Cross Cultural Health Promoter and Registered Social Worker, Pedro Ramirez was selected for the *Carol Matusicky Distinguished Service to Families Award* by BC Council for Families for his dedicated service over his 29 years of work with REACH Multicultural Family Centre!

Pedro's history and interest in social services and cultural health promotion originates from his own experience when he immigrated to Canada from Colombia in 1974. His feelings of loneliness because of the language barrier took a toll on all aspects of his health and propelled him to take multiple courses to empower him, "I started to think that if I was feeling down because of language barriers, others who came to Canada in similar situations were also struggling to live with dignity in Canada." Pedro then completed the Gerontology program at Simon Fraser University, where his practicum was to develop a seniors group program in 1991. Since then, the Latin American Seniors Group has been sponsored by REACH, and became one of the largest functional Latino Seniors Groups in Vancouver.

People come together to socialize, participate in educational presentations and other therapeutic activities that help them to improve their social, mental, and physical health. Please join us in congratulating our beloved and esteemed team member, Pedro.

# SPECIAL ACKNOWLEDGEMENT



## 35 YEARS AT REACH

It is with much admiration and great respect that I would like to celebrate the contributions of Dr. Lalya Wickremasinghe. She has served as a family physician at REACH for some 35 years. Personally, I had the privilege to exchange ideas with her on numerous occasions over the years. When in doubt, I often sought her advice and perspective. Lalya is thoughtful and thorough in her communications and not much escapes her. Humble, she will never admit to how her contributions made a huge difference to how we do business at REACH. Please take time to read what she has to say. You will not regret it.

Nicole LeMire, Executive Director

*“REACH is a special place to work. I have been fortunate to work with exceptionally dedicated clinical staff over the years. The team consisting of doctors, nurses, counsellors, social worker, MOAs, other allied care, dental and pharmacy staff, medical residents, and volunteers, assisted by MFC and admin support has allowed a standard of patient care that I am so proud to be a part of. During my 35 years at REACH, I have seen the clinic adapt and change to better serve our changing community needs. This flexibility, I believe, is the reason for REACH’s success and longevity.*

*When there is extraordinary leadership at the level of the Executive Director, the Board, Medical Director, and Department Managers, as we have right now, that’s when magic happens! Despite the significant challenges in the entire health care system over the past few years, REACH has not just survived, but expanded in significant ways. The building of the UPCC, expanding pharmacy services, responding to the opioid crisis, initiating actions towards Truth and Reconciliation are just some of the many examples.*

*The most important component of the Clinic is our patients. Their demographic has changed over time, but there are many who have been patients for more than 50 years and are quick to remind me that they have been at REACH longer than I have! I have several families in my practice where I have cared for 4 generations from great-grandparents to new babies! My patients at REACH have made my career one of the most rewarding a doctor could have.*

*I am grateful for the mentorship and guidance I have received and continue to receive. There are too many people to thank individually, but I have to say that when I am in a difficult situation, I still ask myself “what would Sandi do?”, of course referring to Dr. Sandi Witherspoon.*

*REACH has a fascinating history and the strength of an amazing staff and Board which has sustained it for more than 50 years. With the energy and talents of our newest members I know that REACH will continue to thrive long after my tenure here.”*

Dr. Lalya Wickremasinghe

# SPECIAL THANKS

## ALL STAFF AT REACH

- Administration
- Dental Clinic
- Medical Clinic
- Health Equity and Engagement
- Pharmacy
- Urgent and Primary Care Centre (UPCC)

## BOARD OF DIRECTORS

- Colleen Fuller - President
- Una Walsh - Vice President
- Kylie Ellis - Treasurer
- Emma Macklem - Secretary
- Barbara Wood
- Bill Hood
- Cyndia Cole
- Daniel Cook
- Jane Turner
- Janell Cosco
- Stephanie Skourtes
- Tanis Wilson
- Piotr Majkowski

## STAFF REPRESENTATIVES

- Afshin Jaber - Pharmacy
- Andrew Ho – Dental Clinic
- Daisy Kler – MFC
- Kateryna Kozynets – UPCC
- Leslie Mills – Medical Clinic
- Pamela Toor – Program Development

## APPRECIATED FUNDERS

- Asian Women for Equality
- BC Association of Community Health Centres
- BC Council for Families
- BC Dental Association
- BC Gaming Commission
- BC Ministry of Children and Family Development
- BC Ministry of Health
- BC Ministry of Social Development and Poverty Reduction
- Bob and Judy Hager Family Fund, held at Vancouver Foundation
- Canadian Action Initiative
- Canada Food Centres
- Canada Summer Jobs
- Canadian Emergency Wage Subsidy Program
- Canadian Women’s Foundation Grant
- City of Vancouver
- Employment and Social Development Canada
- Immigration Refugees and Citizenship Canada
- Indigenous People’s Resilience Fund (in partnership with Vancouver Native Housing Society)

- Private Donors
- Service Canada
- United Way of the Lower Mainland
- Vancouver Coastal Health (SMART Funds, Primary Care, UPCC, PCN)







## PARTNERS

- 4-1-1 Senior Society
- Battered Women’s Support Services
- BC Dental Association
- BC Centre for Disease Control
- BC Housing
- BCIT
- Brightside
- Britannia Community Centre
- Britannia Lodge
- Burnaby Neighbourhood House
- Canadian Association of Community Health Centres
- Canadian Mental Health Association
- Catherine White Holman Wellness Centre
- CARES-EH
- Citizenship and Immigration Canada
- City of Vancouver
- College of Dental Surgeons of BC
- Covenant House
- Correctional Services
- Eastside Family Place
- Elizabeth Fry Society
- First Nations Health Authority
- Frog Hollow Neighbourhood House
- Frontier College
- Gathering Place
- General Practice Services Committee (Practice Support Program collaboration between Doctors of BC and Ministry of Health)
- Girls Who LEAP
- Greater Vancouver Mental Health Team
- Good Food Fund
- Grandview Woodlands Food Connection
- Grief and Loss Society
- Harwood Women’s Clinic
- Health Data Coalition of BC (HDC)
- Health Connection
- Health Emergency Management British Columbia (HEMBC)
- Health Initiative for Men (HIM)
- Indian Residential School Survivors Society
- John Howard Society
- Kilala Lelum
- Kinbrace Community Centre
- Kiwassa Neighbourhood House
- LifeLabs
- Lower Mainland Grief Recovery Society
- Ministry of Social Development and Poverty Reduction

- Metro Vancouver Indigenous Health Society
- Mid Main Community Health Centre
- Mount Pleasant Neighbourhood House
- MOSAIC Vancouver
- Namegan – Volunteer Nurses
- Our Place
- Pacific Immigrant Resources Society
- Pacifica Treatment Centre
- Peggy’s Place
- Portland Society
- PosAbilities Association of BC
- Provincial Health Services Authority
- RavenSong Health Centre
- Ray-Cam Community Centre
- REACH Indigenous Advisory Committee
- Regional Addiction Program (RAP)
- Renfrew Collingwood Seniors Society
- RésoSanté
- RICHER
- RISE Community Health Centre
- Saa’ust Centre
- Sanctuary Health
- Self-Management BC
- Sheway
- Simon Fraser University
- SOS
- South Vancouver Neighbourhood House
- St-Paul’s Emergency Department
- Strathcona Community Policing Centre
- Swan Vancouver
- The Kettle Society
- Thrive Living Society
- UBC Faculty of Medicine
- UBC School of Social Work
- University of Victoria
- Umbrella Health Collective
- Union Gospel Mission
- Vancity
- Vancouver Aboriginal Health Society
- Vancouver Aboriginal Policing Station
- Vancouver Coastal Health Authority
- Vancouver Community College
- Vancouver Division of Family Practice
- Vancouver Native Health Society
- Vancouver Native Housing Foundation
- Vancouver School Board
- VGH’s Emergency Department
- Watari
- West Coast Medical Imaging
- Whole Way House Society



## Connect with us:

-  [reachcentre.bc.ca](http://reachcentre.bc.ca)
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