

REACH Community Health Centre

Celebrating over 44 years of Community Health in Community Hands



Annual Report 2013 REACH Community Health Centre





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PRESIDENT'S MESSAGE

The year has seen many challenges for us as well as some significant accomplishments.

Our Vancouver Coastal Health contract and obligations for funding of our medical program have required that we analyze more closely both our panel size and the social/medical complexity of our patients. As a result we have increased access through later hours and developed efficiencies in providing care. We have had a dramatic increase in the number of new patients - 400 in the last four months! Our sincere thanks go to our medical team for their assistance, willingness to change, and sincere efforts to respond to the demands being placed on them. They have risen to the challenge! Thanks also to the Practice Support Program who have been a good resource as we reviewed our systems.

The second major and ongoing challenge this year is the condition of our building. As predicted, there have been numerous roof leaks, pipe leaks and failures of our heating/cooling system, all of which have prompted us to pursue a "new" facility with renewed urgency. The Board has met many times and discussed all options regularly this year and we have a very active facility committee. Recently, we have received positive signals from the City of Vancouver that they will provide us with assistance in our pursuit for a better home. (See minutes of City of Vancouver Council Meeting of July 30, 2013.) Our Executive Director is committed to spending even more of her time on this work in the coming months, as the project must move forward forthwith!

The accomplishments of the year include the results of the 2010 dental program renewal coming to fruition! A sustainable financial footing and an ability to continue to provide subsidized care to those with reduced incomes

and disability are now in place, thanks especially to the work of a team led by Lina Fabiano, our acting dental manager, with the help of Nadean Burkett, a dental practice consultant and Dr. Larry Grossman (one of REACH's original dentists), and of course, the wonderful dental staff who are committed to ensuring the sustainability of the program.

Other work of the Board of Directors has included developing a new reporting policy so that we can better monitor the ongoing work of the organization. Our Outreach Committee has continued their "listening for direction" project and the Strategic Planning Committee has reviewed our strategic goals,



The Board of Directors



presented these to the Board and assisted us in focussing on compliance with the plan. Thanks to all board members for their contributions throughout the year.

On a personal note, I am stepping down as President after 7 years as I have only one year of my maximum eight year term left. I have enjoyed these years immensely - even with all the ups and downs - and have learned many things from all of you. For that, I am grateful and I thank you for your support and encouragement.

Finally and most importantly, on behalf of the REACH Board of Directors, I want to thank all our staff for their hard work and dedication during the past year and especially to our Executive Director, Madeline Boscoe, for her dedication to community health care and all that implies!

Ruth Herman, President

EXECUTIVE DIRECTOR'S REPORT

As you will see from the reports we have had a busy and productive year--- providing care, implementing our Strategic Plan and addressing all the unanticipated challenges that came along. My thanks to our wonderful staff, Board, and volunteers. Their boundless energy, constant commitment and remarkable ability to keep their compassion during challenging times have been inspiring. The challenges with the aging facility- leaks, too much heat/not enough heat and electrical glitches have created new challenges for clients and staff. Thank you to staff, clients and community members for your patience.

In response to the board's request for regular and comprehensive information on which it can base decisions, we now have a more comprehensive annual and quarterly quality reporting system with our first "dashboard" sent to the board just this month. In the coming years we will add a process for capturing complaints, incidents and clients' feedback.

This past year, we were invited to participate in Vancouver Coastal Health's primary care program working group community health centre review. We also reached out to our colleagues in the Ontario Community Health Centres to develop benchmarks and learn from their evaluation- a great chance to build on REACH's commitment to work cooperatively with other people and organizations involved in outreach, prevention and equity in primary care. You will find many more details in the pages that follow.

We moved to a new payroll system, moving away from a paper system. We were able to fund a small staff bonus and are implementing an employee assistance program. Our staff training has including dealing with anxious clients and escalation techniques, fire drills, and best practices on managing bugs – the inevitable by-product of urban living. We have spent much time analyzing budget and space options as we start to develop a strategy for these new costs.



We said goodbye to Dave MacDonald, our Operations Manager, and welcomed Nicole LeMire in his place. Her human resource and program evaluation skills much less her sense of humour bring great additions to our team. This summer we welcomed Kimberley Woodward as Administrative Assistant, and Deborah Bradley has moved to supporting the medical legal reporting of our physicians.

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, Kimberly!
- Continued our partnership with
 - Division of Family Practice on a research project to evaluate the use of "green prescriptions" to help prevent adult onset diabetes;
 - Metro Vancouver Alliance in our "Listening for Direction outreach";
 - Impact BC to support their Volunteer program - Basics For Health.
- Established a new partnership with Dr. E. Moore and BC Women's and Children's "RICHER" program for at-risk youth and families.
- Continued to lend our space to the newly incorporated Catherine White Holman Wellness Centre (formerly known as the All Genders Wellness Centre for their bi-monthly clinic for trans and gender diverse people.



**The Dr. Carole Pigler Christensen
Scholarship Recipient**

One of our student placements, Ana Botic, (a Loren scholar) spent part of the summer in Africa to volunteering with by former MFC staffer, Khayanga Jenipher Wasike, at the Lugari Community Resource Centre. Khayanga was instrumental in starting the Centre. Ana has started to blog about her and Khayanga's adventures – you can catch up with them at <http://anainkenya.blogspot.ca/>.

Thank you to our wonderful passionate and compassionate staff --- their commitment is what makes REACH REACH!

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

Madeline Boscoe, Executive Director



**Anna and Khayanga are on the far right and
left at the Canadian Embassy in Lugari**



TREASURER AND FINANCIAL REPORT

Over the past year, REACH continued to focus on two key financial goals: to improve the contribution from Dental and to increase earnings to support the new/renovated building requirements.

Dental was very successful in moving forward on improving earnings. Total income increased by 7.5%, while direct expenses were kept to a modest increase, for an increase in net income (before administrative expenses and overhead) of **160%**! Congratulations to all the Dental staff for that work. Net income was about \$30,000 below budget, or 20%. However, it is worth noting that the earnings at the end of the year were considerably better than at the beginning, so the progress can be seen throughout the year.

Pharmacy had another very good year. Total income as well as net income were both lower than last year, but compared to the budget, the net income for Pharmacy was 141% higher than budget. Changes in the Provincial Government pricing regime will likely cause a reduction in that for the coming year.

Medical and Administration/Overhead are mainly under the Vancouver Coastal Health contract, and both continued on target. Medical net income was 0.4% under budget, while Administration was under budget by 17%. Part of the “savings” in Admin is because a major repair, which was included in an expense line in the budget, was treated as a building improvement and therefore recorded as an asset, rather than an expense, by the auditor.

Multicultural Family Centre is always managed closely to match its various grants, so it broke even.

Overall, there was a net income of just under \$140,000. While this is an improvement over some recent years, last year being a significant exception, larger surpluses will be required in the future to cover the increased costs associated with building renovations. Determining the costs associated with various possible solutions to our building woes and figuring out how to cover those costs in the future continue to be a key priority for the Society.

The Auditor’s Report presents a “clean” opinion on the audited year end statements. This is our first year reporting under the new not-for-profit accounting standards, so the reports have new names, there is an extra column on the Statement of Financial Position, and there are more notes to the statements. However, there are no financial adjustments required as a result of the new accounting rules.

Jill Kelly, Treasurer



**Condensed Statement of Revenues and Expenditures
And
Members Equity for the Year Ended March 31, 2013**

	2013	2012
Medical Grants	2,468,228	2,623,601
Dental Fees	1,239,282	1,121,029
Pharmacy Sales	488,853	537,503
Multicultural Family Services	444,166	373,748
Other	75,024	63,885
	4,715,553	4,719,766
Expenses		
Salaries and Benefits	3,233,418	3,087,965
Direct Services and Supplies	572,878	591,056
Administration	770,123	716,082
	4,576,419	4,395,103
Net Revenue over Expenditures	139,134	324,663
Net Assets Available (beginning of the year)	821,357	496,694
Net Assets Available (end of the year)	960,491	821,357



NEW BUILDING COMMITTEE

This committee evaluated the financial viability of various options for building new facilities on the present Commercial Drive site and/or finding new building(s) for the services offered by REACH within the timelines we have been given by the building condition report we received last year. Unfortunately some of the predictions did come true with over 5 roof leaks, 2 pipe leaks and a failure of one of our furnaces and air-conditioning units. Thus, we are continuing to work on a timeline of a temporary or permanent move by next winter.

During the past year, the committee has examined several buildings and properties that were on the market, or were possibly coming available. So far, properties were sold or rented before we could act or they have not met the Board's criteria.

We anticipate continuing to work closely with staff and City staff to develop a site suitable to our programs. The supportive motion brought forward to the Vancouver City Council in July, 2013 should facilitate our task.



Installation of the new furnace 2012

The Vancouver City Motion

WHEREAS

1. REACH is a not-for-profit community health centre located in East Vancouver, and has operated since 1969;
2. REACH promotes a team approach to health care and prevention, seeking to meet the medical, dental and cultural needs of the local community;
3. The majority of REACH's clients have a lower than average income;
4. REACH provides crucial health care services for the Grandview Woodlands neighbourhood, many of which align with the priorities identified in the City's emerging Healthy City Strategy;
5. REACH's Multicultural Family Centre provides support to immigrant and refugee communities;
6. REACH averages 108 client visits a day;
7. REACH is facing challenges with their existing building in terms of a need for urgent upgrades and renovations, but a phased approach is not possible due to the scope of upgrades required.

THEREFORE BE IT RESOLVED THAT staff work with the operators of REACH to identify possible solutions and partnerships, including the Ministry of Health and other service providers, to either enable REACH to stay onsite or within the Grandview Woodland neighbourhood.



OUTREACH COMMITTEE

During 2013, the Outreach Committee has been working with the Metro Vancouver Alliance (MVA) on a community engagement project called "Listening for Direction". The project is reconnecting REACH with other membership-based organizations, including faith-based, civil society and youth groups, and trade unions. The Committee has a diverse team of up to 20 volunteers, mainly young people, who have contacted up to 20 groups to learn about those organizations, followed by "listening circles" with their members.

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

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



Outreach Committee at work

The aim was to allow people to talk about themselves, their families and the issues that affect them most directly, as well as changes they would like to see happen and might be willing to work on collectively. This has increased our awareness of the challenges that people are facing and what changes they believe are necessary for themselves, their families and their communities. Listening circles helped REACH gain a deeper understanding of residents and how we can work collectively with the local community to achieve our common goals. One message we have received in the listening circles is that people want REACH to build partnerships with local organizations and show leadership in advocacy for the health of the community.

The results of the listening exercise are being analyzed by the team and a report is being written for the REACH Board. A large public meeting will be held this winter, bringing together all of the participants to discuss the results of the project and to forge relationships with one another.



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

Outreach Committee Members during 2012/13:

Colleen Fuller (Board)
Deborah Littman
Kathleen Herbison
Kris Anderson
Aurea Flynn
Hanane Benzidane
Terry McNeney
Grace Dalgarno
Lynn Bueckert (Board)
Christie Wall
Majid Fadaei
Mark Kerr

Mei Lan Fang
Claire Lepine
Nelly Gomez
Li Pan
Leo Rabinovitch
Alice Chan
Harim Roh
Rachelle Yong
Ashraf Amlani
Shari LaLiberte
Jannie Leun



OPERATIONS REPORT

HEALTH CARE TEAM

During the 2012-2013 fiscal year, REACH has continued to provide primary care with 24/7 coverage, home and extended care visiting. Our physicians have admitting privileges to St. Paul's Hospital. This year we have worked hard to improve access and efficiencies. We focused on increasing access and making sure our programs met the goal of our contracts and were as efficient as they could be while continuing to provide the good care we are known for!

We have worked with BCMA Practice Support Program, with a focus on Advanced Access and implementing the "Plan, Do, Study and Act" (PDSA) model for quality improvement. This has led to a series of changes in our service model and increased in efficiencies. These include:

1. Renovations in our current spaces and changes in our booking schedule to allow for a two room booking model;
2. Expansion of our hours of operations: we are now open Wednesday evenings until 7pm with three physicians on site with more planned;
3. A few updates in our Electronic Medical Record System and implementation of a new scanning process;
4. Increase in our capacity to offer group visits through training. One group visit was held – focused on a well-baby visit;
5. We have completed a flow through study and client feedback survey to help us understand how our clients are accessing or waiting for care.



Health Care Team at a Practice Support Program Workshop



Several indicators were used to monitor our success:

1. New patients: During the 2012-13 fiscal year, we attached a total of 492 new patients, – an increase of more than 200% over the previous year. The progress mostly took place during the second part of the fiscal year (October 2012 to March 31 2013). This is a remarkable success given the complexity of our clients who require a variety of appointments and indirect time for history review which made it difficult to average more new patients per week.

This result is, in part, due to a variety of actions, including the practice review mentioned above and the outreach initiatives: accepting self “referrals”; outreaching to NGOs and service groups in our area; engaging with RICHER and VCHA’s central intake and youth initiatives.

We continued accepting new patients through our existing referral process with VCHA staff, community agencies, and specialists throughout the region.

2. Reducing Health Inequities: Our clients, new and ongoing, include complex vulnerable families, frail elderly, those with long term addictions and chronic mental health conditions, people living in poverty, mid-life patients who have never had a family doctor and with multiple untreated chronic conditions, complex social issues and needs, high rates of need for disability forms.

3. Panel size: As of April 2013, our panel¹ size for the physician practice at REACH totalled 3,086 – a 21% increase in panel size this year compared to the previous year.

Patient Feedback from 2013 Flow Through Study

- *Awesome service, grateful, helpful staff*
- *Everyone always greets me with a smile and a “hi”.*
- *The front staff always try to fit me in.*
- *My doctor at Reach is amazing at what she does!*
- *First time patient: I am impressed about being offered a cycle time survey.*
- *Long time patient: I receive excellent care and never have to wait more than 10 minutes to be seen.*
- *New patient: The staff is kind and helpful. The doctor is lovely and sensitive to patients. This is the best medical clinic. Time management is excellent.*
- *Doctor was very helpful and clear with me.*
- *I appreciate REACH making time to see me promptly for an urgent appoint.*
- *I like the superb service, REACH is a great place! I love REACH!*
- *My doctor is wonderful as always! Excellent care always.*
- *The doctor took time to take care of my needs and check my medical history*
- *Sometimes I am late, but I still get seen.*
- *I appreciate the short wait I had today.*

¹Panel is defined as the number of individuals seen once by a doctor in a year.



We said goodbye to two of our nurses, Tamera Stillwell and Anne Doherty, as well as one of our Physicians, Dr. Thanh Lu. We also missed Carol Ranger, Team Leader and Dietician, due to an extended leave of absence. Nicole LeMire, also the Operations manager, has stepped in as Team Leader. We welcomed Gloria Yuen as our Advanced Practice Nurse and welcomed Nahid Delfani and Gangadevi Lokuwattage to the MOA team.

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

This year, we extended our program to MFC clients as follows:

- a. May - July 2012: Farsi: 13 participants
- b. Sept – Nov 2012: Vietnamese: 19 participants
- c. Jan – March 2013: Latin American: 12 participants



The “We Love Veggies” Team

PHARMACY

The 2012/2013 fiscal year was successful for our pharmacy. We had a significant increase in our number of prescriptions and panel size, consistently filling more than 1300 prescriptions a month and a roster of over 2000 clients.

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

In March, we were audited by the College of Pharmacists of BC as a part of licensure. These spot audits occur once every five to ten years and are quite thorough. We did well, but were told to develop a monthly report for narcotic usage and to write a policy and procedure manual for our pharmacy. Both items were noted and are underway. Finally our pharmacist fulfilled his requirements with a license exam that is repeated once every ten years.

The pharmacy landscape in BC will be dramatically changing over the next couple of years, but we have positioned ourselves well for any downturn that may come as a result of new provincial legislation. We anticipate another successful year for 2013/2014. The pharmacy went through the latest Pharamanet network upgrades. These changes will speed up access and make us ready for future cloud based systems. We also took the initiative to have a brief consult with the College of Pharmacists regarding a temporary move in advance of possible renovations or relocation.

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

Afshin Jaber, Pharmacist



COUNSELLING

The Counselling program continues busily with a trauma informed approach to care with individuals facing multiple barriers. Dan Kemlo continues to juggle needs for care, consultation with our staff and ever more frequently, finding alternative, suitable services, involving no fee, low cost or service providers who offer a sliding scale.

The popular, “resiliency skills groups, will be re-started in the fall Social isolation, intensity of emotional distress and/or intensity of physical distress are now predominant themes for those requesting counselling services at REACH. We will be mindful of these themes as we develop groups for this fall and winter.

Our partnership with Britannia has been very helpful for our group participants and individual counselling clients in breaking down barriers and starting to feel part of their community as well as starting to feel better about themselves through a fitness plan developed for each individual and carried out with weekly goals.

Dan Kemlo, Counsellor

Counselling Client’s Feedback:

“Having a disability is no free ride, people with mental illnesses are invisible with their disability and we are often discriminated against and perceived as having “nothing wrong” with us. As someone on a fixed income every penny is accounted for, leaving no money for any extras like therapy.

If I was not able to receive therapy at REACH I can only imagine how little progress I would have made. I strongly recommend therapy being available to more people as this is a treatment for mental health issues that cannot be covered with medication alone. These combined therapies have been by far the most successful treatment I have come across and they should be recognized as equally important.”



MULTICULTURAL FAMILY CENTER

New Programs:

1. *Convivencia Cultural* (Sharing our Culture): New Horizons for Seniors: an increasing number of Latin American seniors are entering Long Term Care facilities, and are socially isolated within the facility by language and cultural differences. In response to this, a group of seniors met to develop a program to bring Latin American cultural events to these residences the program began in May 2013.
2. Friday Children's Program: Ilyambabazi has implemented a children's program in the African and Middle Eastern Women's group child-minding, arranging the space to be safe and child-friendly, organizing activities that are beneficial to the children, and training the child minders to work more proactively with the children. This has had positive results; the children look forward to attending the program and are benefiting from the structure and the age-appropriate activities.



The MFC Team

Highlights from Current Programs:

- 1) *Creating a Sense of Belonging: Mental Health Promotion within Immigrant and Refugee Communities*: Completed the second year of this 2-year program, funded by the provincial Community Action Initiative (CAI). The project promoted the mental health and well-being of specific high risk immigrant and refugee communities by: a) reducing social isolation through culturally specific support groups, and b) building the capacity and skills of community members to identify, and help meet, the mental health promotion needs of their communities. An evaluation was conducted by Wafa Asadian, UBC PhD student, and a final evaluation report completed and submitted. In view of the diversity of the target populations involved in this Project, cultural competence was incorporated into the design of this evaluation.
- 2) *African and Middle Eastern Women's Settlement Program*: Our partnership with MOSAIC to provide Life Skills, Parenting, and Health and Wellness programs for women from a variety of African and Middle Eastern countries was extended for another year.



3) *African Children's Summer Literacy Camp*: 4 students hired as Camp Leaders; the camp ran 3 days week for 8 weeks at Hillside Gardens in July and August, with 28 children registered.

4) The *Latin American Seniors Program* moved from Renfrew Community Centre in response to the new Vancouver Parks Board policy banning the cooking of food on their sites, making them unable to prepare traditional cultural foods; this, combined with the new policy to charge rent, led to the Group's decision to move to the Lion's Den for their meetings as of December, 2012.



German conducts a diabetes education session in Spanish

5) *Mental Health First Aid Training*: as part of the Community Action Initiative project capacity building component, a total of 42 community members completed the 2 two-day training events.

6) *Cross-Cultural Mental Health Symposium*: October 3 - 4, 2012: 4 MFC staff attended the event at the Italian Cultural Centre; the theme this year was "Envisioning the Future of Cross-Cultural Mental Health".

7) *AMSSA Diversity Health Fair*: March 9, 2013: participated on Steering Committee; Social Work student, Joanne Magtoto and MFC staff developed an interactive booth on gardening as a way of preventing chronic disease; we had 375 people participating in our activity, which was planting herbs to take home and grow.



Vietnamese Line Dancers at AMSSA Diversity Health Fair



MFC Program Outcomes:

1. General MFC Programs

Outcome #1: 96% of participants reported success in accessing community services.

Through information obtained at the Vietnamese Nobody's Perfect Parenting Program, young Vietnamese mothers have begun attending public library programs with their children; 4 members of the Latin American Men's Tertulias program completed the Changeways program at VCH Cross-Cultural Mental Health.

Outcome #2: 84% of participants indicated improved communication with service provider

A young immigrant woman had a series of different interpreters during her difficult pregnancy, reporting that she received different information from each one. The REACH MFC CCHP was able to coordinate the woman's health care and will be able to support her through this difficult time; an African woman with multiple health problems was connected with a healthcare provider at REACH by the African CCHP, and even though they communicated in English, the CCHP was able to advocate for her.

Outcome # 3: 97% of participants report receiving social support from group; 89.9% of participants report they have acquired knowledge on specific health topics.

A sense of social cohesion has developed in many of the ongoing programs, and the participants trust one another and share information re resources and programs with one another. They themselves have become a resource for other community members.



La Cosecha Community Gardeners' birdhouse workshop

Outcome # 4: 97% of participants report receiving help with personal concerns from someone at the MFC who understands them.

Outcome #5: 12 meetings held with target community members.

An increasing number of Latin American seniors are entering Long Term Care facilities, and are socially isolated within the facility by language and cultural differences. In response to this, a group of seniors met to develop a program to bring Latin American cultural events to these residences. With the assistance of MFC staff, a New Horizons grant application was submitted and we are waiting for the response; 2) participants in the Community Garden program requested an opportunity to continue meeting during the "off-season" to continue to mental health benefits the attributed to the garden. As a result, funding from the CAI mental health promotion grant was used to develop and implement a monthly support group.

Outcome #6: Healthcare and other service providers have increased awareness of cross-cultural issues. 9 practicum students completed placements at MFC: 4 presentations made to outside agencies: 100% of health care students surveyed indicated new cross-cultural knowledge.



2. African Children's Program

- **Outcome #1:** 96% of children feel like they are part of a group of friends
- **Outcome #2:** 82% of children feel supported by a non-related adult
- **Outcome #3:** 72% of participants have improved their performance at school
- **Outcome #4:** 71% of participants demonstrate a positive attitude towards school
- **Outcome #5:** 82% of children's reading ability has increased
- **Outcome #6:** 73% participants indicate pride in their bi-cultural heritage
- **Outcome #7:** 57% of participants demonstrate group cooperation/teamwork and have improved communication skills
- **Outcome #8:** 63% of participants demonstrate skills for coping with peer pressure and have knowledge of healthy eating

Community Liaison:

1. Viet Net: Network of Vietnamese Community Workers: Thoa
2. APLASM: Asociación de Profesionales Latinos Americanos de Salud Mental: German
3. GWAST: Patricia, students
4. Lower Mainland Network of Health Promotion Providers: Patricia
5. Hillside Gardens Advisory Committee: Patricia, Ilyambabazi, Martha/Grace
6. AMSSA Diversity Health Fair Steering Committee: Patricia, students
7. Nobody's Perfect Steering Committee: Thoa
8. Cross-Cultural Seniors Network: Pedro
9. Grandview Woodlands Food Connection: Martha
10. Basics for Health: Patricia
11. Vancouver School Board Multiculturalism and Antiracism Committee: Ilyambabazi
12. Refugee Lawyers Conference: Feb 8: German and Patricia

We said goodbye to Martha Chiomba who left the position of African Cross-Cultural Health Promoter to return to Tanzania, and welcomed Grace Wattanga in the role. Wafa Asadian left the position of Middle Eastern Cross-Cultural Health Promoter in March, 2013 to focus on her PhD program. We also welcomed Inas Lasheen who recently stepped into this role.



La Cosecha Community Garden Harvest



DENTAL PROGRAM

Operating since 1968, the Dental Clinic is a social enterprise that continues to provide the best possible dental care to clients in East Vancouver and beyond. Without any public support we continued to provide subsidized care to approximately 33% of our patients while still remaining self-sustainable. We remained challenged by the lack of the governments' attention to the needed increase in dental fees for those living on government social support programs (now approx. 66% of regular dental fees), the decreasing dental insurance coverage, and number of working poor coming to our doors.

After extensive analysis of the Dental Clinic, several changes were implemented to assist with the development of a better practice – especially, as we preparing ourselves for the costs of renovating a new or this space and the new very costly equipment

Aside from operational changes implemented in the previous year to improve efficiency, we have now increased hygiene time and will soon expand working hours on Saturdays for a dentist and a hygienist.

We operate 6 days a week with 2 Dentists each day, 2 Hygienists 4 of the 6 days and 1 Hygienist the other 2 days. The possibility of expanding to 2 hygienists every day has been contemplated and will be done if the load of patients requires it.

Aside from the financial reporting system, and in order to evaluate the operations of the Dental Clinic, we implemented a reporting system which includes details on production and information related to patients, such as gender, age groups, number of patients per category, living area, etc. Analysis of this reporting was instrumental to improve operations. Improvement is clearly seen and despite the difficulties, we thrived to provide optimal oral health care to our patients in a safe and efficient work environment.

All this has been a great team effort including management, providers and support staff. We said goodbye to Mary Mac Eachern, Dr. Roushanak Shafaghi, and Alana Elia. After working with us for over 22 years, Dr. James Severs is off on long term disability.

We welcomed two new Dentists. Dr. Melineh Stepanian and Dr. Firouze Majlessi and a Hygienist, Andrew Ho. We also welcomed Cathy Doan as Accounts Receivables Clerk, Rebecca Chee as Receptionist, and Shaylene Anderson as Front Desk Coordinator.



The Dental team at Car-Free Day on the Drive

Maria Botero, Dental Program Coordinator



ANNUAL STATISTICS

Team	Indicators	2004-5	2010-11	2011-12	2012-13
Health Care	Physicians: visits	16,224	10,660	10,413	12,731
	Nursing: visits		2,348	2,338	2,770
	Counseling: visits and consults	658	592	780	558
	Nutrition: visits and consults ¹	531	784	298	542
	Panel size (revised)		2,549	2,682	3,086
	New Patients	279	186	175	492
Pharmacy	Prescriptions filled	5,620	9,240	13,064	14,706
	Panel Size/year (# of clients)	NA	NA	2,104	2,373
	Clients and Consults	NA	5,160	4,890	4750
Dental:	Visits/service	6,480	2,990	7,794	8,069
	Procedures	NA	19,065	15,312	19,320
	Subsidized Care and discounts	NA	\$158,960	\$172,000	\$149,150.
	Panel size	NA	NA	2,220	2,422
	Volunteers:				
	# of Hours	NA	1,464	2,808	2,496
# of volunteers	NA	6 to 8 per week	23	20 regular and 25 sub-volunteers	
MFC	Total Service Contacts ²	12, 993	15,892		17,224
	Number of clients/panel ³	NA	3,069	2,826	2,758
	Number of group sessions	NA	474	442	582
	Volunteers:				
	# of Hours	NA	4,491	4,426	5,007
	# of volunteers		122	119	110
2012-2013 Summary Total : 61,932 services to 10,639 people with approx. 39 FTE					

Notes:

1. For Nutrition numbers do not include groups
2. For 2012-2013 – number includes 6,854 individual consults program and 10,370 contacts in groups
3. For 2012-2013 – number includes 1,975 individual consults and 783 in groups



UPDATE FROM OUR PARTNERS



Basics For Health is proud to be anticipating a one year anniversary on October 5, 2013. Since the program was launched last fall, volunteers have contributed over 1900 hours of volunteer service during 1000 clinic hours. Each day that the REACH Community Health Centre is open, the volunteers are available, in teams of 2 or 3, to offer support to clients of the medical or dental clinics or the Multicultural Family Centre.

Since October 5, 2012, we have assisted 150 different clients with needs as diverse as obtaining a bus pass or a BC ID card or applying for government benefits or applying for Canadian citizenship on compassionate grounds. We have helped individuals access subsidized leisure classes for their children, free or low cost food services and employment or educational programs.

Basics for Health is proud to support 28 well trained enthusiastic volunteers. A majority of the volunteers are enrolled in post-secondary studies in the health disciplines – nursing, social work, sciences, psychology, pre-medicine, etc. Nine of the current volunteers have completed their initial commitment of 100 hours and remain connected to the program. We are looking forward to continuing our successful partnership with REACH and hope that the New Year will allow us to take this program to other clinics in the health authority or the province.

Manjit K Chand, Program Manager
Basics for Health

Supporting access to the Determinants of Health

Basics for Health, a program of ImpactBC, is working to connect patients and their families to basic resource needs that impact their health (such as food, shelter, child care, job training etc.). We work to fill unmet socioeconomic needs and access to health care and related resources.



Basic for Health Volunteers

The Catherine White Holman Wellness Centre's Clinic (CWHWC) at REACH

This has been a busy and exciting year for us and we are grateful to REACH for the very generous donation of the clinic space. We wouldn't be able to do the work we are doing without it. The CWHWC is founded on the belief that a model of care that seeks to truly respect gender diversity must recognize the client's right to self-determine their gender identity and expression.



The CWHWC clinic team at REACH

This year, we continued to provide the individuals we serve with medical and nursing services, counselling, registered massage therapy, acupuncture, harm reduction and safer sex supplies, and weekly space for community building and socialization. As our volunteer team grew to over 20 people, we were also able to provide regular yoga classes, legal services and individual and group consultations with a registered dietician. Each clinic (we have two days per month- one on a Sunday and one on a Monday evening) we usually have 1 to 3 doctors or nurse practitioners, and up to 2 nurses. Depending on the number of medical staff at the clinic, we'll have from 9 to 20 medical visits each clinic.

Our wait-list to see doctor's at the CWHWC keeps growing, and unfortunately it can take several months of being on a wait-list before someone can see a doctor. They're still able to see a nurse, or access our others services at the clinic while they're waiting.

We also have between 3 and 10 people access our counselling services at each clinic, and drop-ins for our other services. The waiting room acts as a social hub for a lot of people accessing the clinic. Often people will come early to socialize, or stay after their appointments to do the same thing.

During most of our clinics, we'll often have 9 people or more in the waiting room at once. We are looking forward to continuing to learn and grow as a team, and work together to serve and meet the needs of our community.

Special Thanks to our Supporters, Volunteers and Funders
We couldn't have done it without you!

We would like to express a sincere thank you to our members, our staff, Board of Directors, clients, donors, volunteers and partners for their generosity and confidence in the work that we do, and for supporting the concept of community health care!

Our Board Members: Ruth Herman, Lyndsay Poaps, Allison Campbell, Jim LeMaistre, Colleen Fuller, Jill Kelly, Shannon Pidlubny, Mei Lan Fang, Isabella Mori, Jo Fox, Stephen Leary, Lynn Bueckert, Jill Kelly
Staff representatives: Eva K, Patricia D., Justine S., and Michelle. G.

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And our anonymous donors

VISION, MISSION, AND VALUES

Our Directional Statement

“We provide primary health care² predominantly to the residents of East Vancouver³ 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 community⁴-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 ecosystems - have on people's health. Accordingly, we give special consideration to those who because of gender, race, ability, sexual orientation, ethnicity, age or other economic or developmental factors may not have adequate access to health and care.

² 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.

³ 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.)

⁴ 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.

3. Respect

We believe in the dignity and self-worth of all people. We strive to create an environment that is free from discrimination and harassment and where respect and tolerance are practiced and upheld, and where the client's autonomy, voice and right to informed consent is respected. We endeavour 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 services⁵ 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 should you donate to REACH?

Every dollar of your donation goes to supporting the elimination of health inequity in East Vancouver. In addition to delivering primary care from medical, dental and social perspectives, we engage in advocacy that involves meeting with, and lobbying, politicians and community leaders for our cause. Our work and mandate are clear and your support keeps us doing the work we've been doing for more than 40 years.

Why donate **NOW**?

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

There are two ways to donate:

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

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

Donation Form

(please fill in one of the following)

1. Paying by Cheque:

- I have enclosed a cheque for \$_____ for a one-time donation.

2. Using your Credit Card for a One-Time Donation:

- Please bill my credit card. Card Type: VISA MasterCard
Card No.: _____ Expiry Date: _____

To receive a tax receipt for your donation over \$10, you **must** fill in the following:

Name: _____	Phone Number(s): _____
Address: _____	Postal Code: _____
Email: _____	REACH updates via email: Yes _____ No _____
Signed: _____	Date: _____

Send the completed Donation Form to our address below

Charitable Registration Number: 107877375RR0001

REACH Community Health Centre
1145 Commercial Drive, Vancouver B.C. V5L 3X3
Phone: 604-254-5456 Fax: 604-254-8789 Email: info@reachcentre.bc.ca



REACH Community Health Centre

Over 30 years of community health in community hands



1145 Commercial Drive
Vancouver, B.C.
V5L 3X3 Canada

Medical 604-254-1354

Dental 604-254-1331

Multicultural Family Centre (MFC)

604-254-6468

Administration 604-254-5456

info@reachcentre.bc.ca

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