



# REACH

Community Health Centre

Building healthy, sustainable communities since 1969

## ANNUAL REPORT 2020-2021



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## COMMUNITY HEALTH IN COMMUNITY HANDS



Artist: Hazel Bell-Koski

REACH would like to acknowledge that the land on which we gather is the unceded territory of Coast Salish Peoples, including the x̣ṃəθḳ'əỵəm (Musqueam), Ṣḳẉx̣ẉú7mesh (Squamish) and ṣəḷílẉətaʔṭ (Tseil-Waututh) nations.

## MESSAGE FROM THE PRESIDENT



### COLLEEN FULLER

**Robert Kennedy said in 1966, “Like it or not, we live in interesting times”** and I guess that would be one way to sum up this unusual and challenging year. The REACH community dealt with not one, but two crises: the COVID

pandemic as well as the opioid epidemic. Both hit our community especially hard and were an added burden for those already struggling with economic insecurity, inadequate shelter, racism, and joblessness.

My report will focus on the Board of Directors, but I also want to acknowledge the work of the REACH staff in the UPCC, the medical and dental clinics, the Multicultural Family Centre, the pharmacy, and those in administration. There are simply not enough words to describe how our staff went way beyond just being excellent caregivers, they also provided leadership and support during this incredibly difficult time, something that proved to be absolutely essential for everyone in our community. Our Executive Director, Nicole LeMire, has implemented a number of innovative changes that have raised the level of collaboration among staff; she has become an important and effective voice in the CHC sector, significantly increasing the contribution that REACH makes within BC’s health and social services arena.

We are fortunate to have such a skilled team of people working with us and helping our community stay safe and informed about the virus and about how to support our neighbours who may be struggling with addiction, stress and isolation.

REACH Board members also have been active while adhering to the restrictions in place to navigate the pandemic. All Board committees have worked hard to fulfill their mandates, regularly meeting every month to remain engaged with the community. This has been

difficult – we have always worked face-to-face and developing new ways to move things forward was challenging. There is no doubt that Zoom and other similar tools have made things a lot easier. One of the things that kept us going was the strong and on-going commitment of our members and the relationships we have with other community organizations in East Vancouver.

During the pandemic the Board also strengthened our working relationship with the Indigenous community in East Vancouver whose people come from across the unceded territories in British Columbia. This has been important for REACH as a whole, but it also has allowed us as individuals to learn from Indigenous people about their history, societies and diverse cultures. We have been very focused on understanding the ongoing impact of colonialism and racism on Indigenous people and about what role REACH can and should play in implementing the recommendations of the Report of the Truth & Reconciliation Commission.

After the release last November of *In Plain Sight*, the report of Dr Ellen Turpel-Lafond on the experiences of Indigenous people in BC’s health care system, the Board initiated a study of the findings and recommendations. During our meetings, we discussed how the Board should respond to some of the recommendations. A number of actions were initiated at both the staff and Board levels to support Indigenous health and wellness, including encouraging staff and Board members to take training courses to increase awareness of and sensitivity about Indigenous health and cultural practices; hiring an Indigenous health promoter and coordinator; and conducting health & wellness workshops. The Board also stressed the importance of developing stronger partnerships and collaborations with other Indigenous and non-Indigenous organizations, recruiting Indigenous physicians and other health providers, and sponsoring Indigenous practicum students. These commitments

are reflected in the development of new programs and services at REACH and on the increased advocacy at both Board and staff levels.

We also decided that each Committee of the Board would review the recommendations of *In Plain Sight* and develop strategies to incorporate them into their work. These efforts are ongoing and included a session at the July Board retreat hosted by Nahanee Creative. In addition to our work as a group, many Board members have participated in workshops and training sessions provided by Indigenous leaders and activists.

The Board also joined other groups in December calling for a reversal of the decision by the provincial government to claw-back payments for disability and income assistance. The government backed down – but not as far as we would have liked to have seen.

Another important lesson we’ve learned during the pandemic is that global funding, also known as core funding, would have strengthened our ability to respond to the needs of our community with programs to address social isolation, food insecurity, precarious housing and employment, racism and misogyny, and poverty – all social determinants of health. The Board, both independently and through the BC Association of Community Health Centres (BCACHC) has worked to secure global funding since 2016, but we have yet to see any significant progress on the issue at the Ministry of Health level.

A global funding model, used in most other provinces, provides community health centres with the flexibility they need to address both health care needs and social determinants and to respond to emerging crises more effectively. During COVID, BC’s chief Public Health Officer (PHO), Dr Bonnie Henry, stressed the importance of not getting the virus, but not everyone had the same ability to do that. Certain communities, especially low-income and racialized people, had a much higher risk of getting the coronavirus than others

but were not necessarily provided with the tools to protect themselves and their families.

REACH relies on both public and private funding to deliver a broad array of services. During COVID-19, private funders who support the Multicultural Family Centre allowed REACH to address social determinants of health and ensure residents in our community were knowledgeable about and able to comply with the recommendations of provincial and federal public health officials. But that type of alignment was unique to this period of the pandemic. Funders typically earmark funds to specific endpoints which, during the pandemic, were significantly relaxed by granting organizations. For this we were and are grateful. We also acknowledge the ongoing collaboration with Vancouver Coastal Health, another group that deserves a hand of applause for ensuring health services were deployed in the most effective way possible.

With ongoing global or core funding REACH would be able to respond to issues as they emerge within our community, including the opioid crisis. For that reason, the Board will continue to be actively engaged through BCACHC as well as in our own discussions with the Ministry of Health.

The coming year promises to be as interesting as the last. We had hoped we would be meeting face to face this year, but that is not possible due to the ongoing challenges linked to the COVID pandemic. The Board looks forward to working with our members and to continuing our efforts to represent our community’s needs and interests.

*Colleen Fuller*

**Colleen Fuller**

President  
REACH COMMUNITY HEALTH CENTRE



## MESSAGE FROM THE EXECUTIVE DIRECTOR



**NICOLE LEMIRE**

**This past year has been extraordinarily challenging for REACH on many levels.**

We have seen a widening opioid crisis; the continuing and unrelenting COVID-19 pandemic; an increase in the number of patients

presenting with food, housing, and income issues; an increase in the number of patients displaying violent behaviour; ongoing structural racism faced by Indigenous people; mental and physical exhaustion of staff resulting in increased absenteeism. Throughout the year, we witnessed the impact of a multifaceted public health crisis on our community and the powerful response of our Community Health Centre.

Throughout the year, the Centre never closed. We offered a continuum of health care services and reiterated our commitment to support our community and patients. We approached our work through the lens of health equity and community engagement using a team-based care approach. Dental continued to provide discounts to low-income people and subsidize the costs of services to patients on public insurance. Pharmacy increased medication delivery to vulnerable patients. Medical provided services through virtual and in-person appointments, and patient attachment to the clinic continued to grow. UPCC played and continues to play an important role in the community, providing COVID-19 testing and assessment, increasing patient access to primary care, and facilitating attachment to a physician or a nurse practitioner.

In the past few months, we have observed an increasing number of risky and hard to manage complex mental health patients finding their way through our doors. Typically, these patients are unhoused, displaying severe mental health symptoms,

often volatile and aggressive with some element of substance use, and at risk of overdose. While we are pleased that our low barrier approach provides access to these patients, we deployed considerable resources to ensure a safer environment for both staff and patients. More work is required in this area.

Community engagement guided many of our recent developments. We allocated resources to promote public health in our community. We undertook initiatives to provide up-to-date information on COVID-19 to community service providers, patients, and clients, created and delivered COVID-19 workshops, and organized flu and vaccine clinics.

We constituted a new department, Health Equity and Engagement, by expanding our Multicultural Family Centre and revamping our services to appropriately address health disparities and social determinants of health such as food and income insecurity, mental health and addictions, exposure to violence and trauma, access to linguistically and culturally appropriate services, access to quality health care. You can see a diagram on page 20. We partnered with other organizations and individuals to maximize benefits and minimize duplication of services.

Since 2019, REACH has deployed resources to create awareness and prioritize the health and wellness of Indigenous communities in East Vancouver. *In Plain Sight* report, released in November 2020, presented an in-depth and comprehensive discussion regarding the structural racism Indigenous people have experienced in general, and specifically in the health care system in British Columbia. The recommendations made in this report point in the same direction we have taken in the past two years. We work directly with Indigenous Elders and organizations, and others to foster cultural safety and offer culturally-based programs and services.

This past year has seen an increase in the use of toxic drugs across British Columbia. Last June, REACH held a news conference to create awareness of the dynamics behind the opioid crisis and its disproportionate effect on Indigenous people. We also launched a video series to increase awareness of and access to cross-cultural services that support physical, spiritual, emotional, and mental wellbeing. The videos featured Indigenous Elders and knowledge-keepers who provided insights into their journeys and included nature-based healing practices and cultural approaches to self-care and wellbeing. All of those featured have overcome addictions and hold prominent and highly respected roles in their communities.

Recognizing that staff is our greatest asset, we offered several incentives and supported engagement activities throughout the year. Results from our Staff Satisfaction Survey, administered during the summer, were overwhelmingly positive, with a high response rate. In their responses, staff provided constructive suggestions and ideas on how to do better. Thanks to all those who participated.

REACH is fortunate to be surrounded by talented people! Two of our physicians received an award from the BC College of Family Practice (BCCFP). Dr. Birinder Narang is the recipient of the First Five Years of Practice Award. Dr. Lloyd Purdy was honored with the College Coin of Recognition for outstanding dedication and service to family medicine.

In closing, I am truly grateful to our competent staff for their work and contributions; they are amazing! I particularly appreciated the dedication and the support of our managers and medical director - a warm thank you to them! Throughout, they strived to make sure staff and patients were safe and well-taken care of.

I would also like to thank the Board of Directors and the Executive for their guidance and positive reinforcement. Special thanks go to President, Colleen Fuller, for her leadership and her rigour. Her support to the Board, and me personally, is recognized and appreciated by all.

Indeed, I am very fortunate to lead this compassionate, dynamic and resilient organization!

**Nicole Lemire**

Executive Director  
REACH COMMUNITY HEALTH CENTRE

**Questions? Concerns? Do not hesitate to reach out to me.**

*Note: For further details regarding REACH operations, please see the Operations report on pages 8-18.*

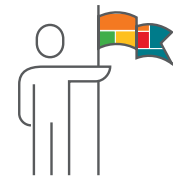


## VISION, MISSION & VALUES

**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.

**VALUES:**



**ACCESS**

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



**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.



**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.



**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.



**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.

## STRATEGIC PRIORITIES

**STRATEGIC PRIORITY 1:  
INDIGENOUS HEALTH & WELLNESS**

REACH operates on the unceded territory of the Musqueam, Skwxwú7mesh, and Tsleil-Waututh First Nations. We recognize a history of colonialism and its effects on wellbeing and health care. We will 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.

**STRATEGIC PRIORITY 2:  
ACCESS TO QUALITY HEALTH SERVICES**

REACH provides high quality health services to thousands of 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.

**STRATEGIC PRIORITY 3:  
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.

**STRATEGIC PRIORITY 4:  
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 PRIORITY 5:  
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 | NICOLE LEMIRE

### STRATEGIC PRIORITY 1: INDIGENOUS HEALTH & WELLNESS

Throughout the year, we organized activities to enhance awareness among staff and in the community. These activities included: Orange Shirt Day on September 30th to honour Indigenous children who were taken from their families and sent to residential schools throughout Canada; Indigenous Wellness video series from the perspective of Indigenous Elders and Wisdom-Keepers to support mental health and wellbeing of our community members; a News conference on June 18th to address health disparities that are often linked to substance use and poor mental health; Indigenous People’s Day on June 21st to recognize and celebrate the cultures and contributions of the Indigenous peoples of Canada. All these events were very successful and appreciated by staff and members of our community.

Following a 2019 Board motion that prioritizes Indigenous people’s attachment to the REACH Medical clinic, we modified our medical intake form and created a poster and brochure in partnership with Providence Health Care to promote the importance of Indigenous self-identification, improve culturally appropriate care, and evaluate REACH’s response to Indigenous patients. We adapted our practices and offered services and programs that were culturally sensitive to increase participation and address complex needs. As a result of our efforts, the number of Indigenous patients attached to our Medical clinic has increased by 30% between April 2020 and June 2021 to reach 528 patients. Our Dental Clinic and UPCC also delivered services to people from Indigenous communities and started recording data only later in the year, so we do not have a complete picture.

Our allied team, including Indigenous Health Promoters, facilitated workshops and provided individual services with the support of Indigenous Elders. Growing out of the needs expressed by Indigenous participants in the Grief and Loss workshop and, in conjunction with our Indigenous Advisory Committee, we set up a small table in the main waiting room. Patients were encouraged to take a small medicine bag, a card with elders’ teachings related to grief, and a candle to acknowledge the loss of their loved ones. These have been very well received and remain in our waiting room.

In total, over 700 Indigenous patients came to REACH to receive specific health care services, a substantial increase from previous years. We are pleased with the progress we made to engage Indigenous communities in our programs and services. We still have work to do, but we are moving in the right direction.

“**I appreciate everything REACH has to offer. I’m really thankful for the Indigenous Support Circles. I have participated in the Grief and Loss groups and Indigenous Women’s sharing Circle. I’m feeling very disconnected from culture and it helped me to feel better.**

Indigenous patient at REACH

This year we teamed up with new partners to better support Indigenous communities. We worked with a collective of volunteer nurses to assist Strathcona Park residents, many of whom presented with multiple barriers and struggled with mental health and addictions and many of whom were Indigenous. We delivered significant volumes of emergency

supplies and non-narcotic medication to the site, mainly antibiotics, COVID-19 swabs, harm reduction supplies, and PPE. Some providers volunteered with urgent Opioid Antagonist Therapy (OAT) prescribing and other services via Telus Connect for virtual care. We met regularly with the volunteer nurses to ensure continuity of care. In the beginning, residents came with elders or nurses; however, later, they came on their own, building trust in the team. Over time, the number of Strathcona Park residents attending UPCC decreased as the presence of other supporting organizations (Vancouver Coastal Health, Kilala-Lelum, etc.) increased. We also met a few times with Vancouver Coastal Health (Community Primary Care and Public Health) to share information, avoid duplication of services, and advocate for temporary shelters for symptomatic people waiting for their COVID-19 test result.

Thanks to a grant from the Canadian Women’s Foundation, we partnered with Girls Who Leap to engage 12 youth-at-risk girls and to discuss gender violence prevention. Through the grant, we were also able to host a regular Indigenous Women’s sharing circle.

Finally, through the Indigenous Community Resilience Fund, we partnered with the Vancouver Native Housing Society (VNHS) to deliver culturally adapted workshops on COVID-19 and vaccinations. In August, we held a blanketing ceremony for survivors of residential schools in partnership with VNHS at West Coast Night, with an estimated crowd of 600 people. The three host Nations were represented – Musqueam, Tsleil-Waututh, and Squamish. Feedback from everyone was very positive.

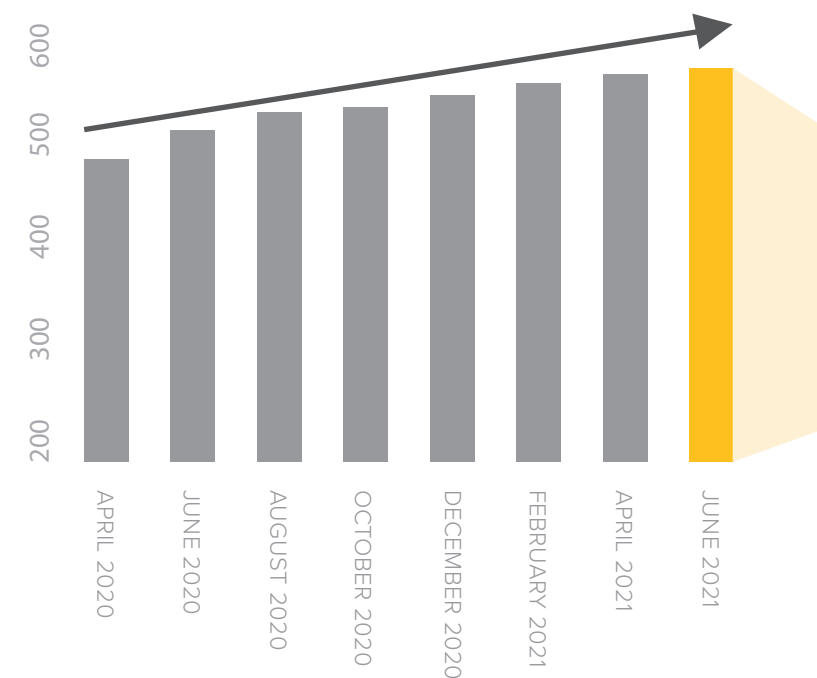
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**REACH is doing a lot for me. I have a family doctor, dentist and Indigenous health promoter. The Indigenous support circle have been extremely helpful. I have been about to admit to some of my childhood traumas, start ongoing counselling, use traditional medicines such as using tobacco offerings and daily ceremony. The grief and loss group on Thursday has been helpful for me due to recent losses in my immediate family.**

Indigenous patient at REACH


528

Indigenous patients attached to REACH Medical



## OPERATIONS REPORT

### STRATEGIC PRIORITY 1: INDIGENOUS HEALTH & WELLNESS *continued*



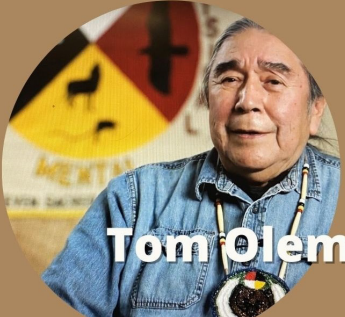
**Gertie Pierre**  
*'Self-Forgiveness & Cedar'*  
Gertie, a Residential School Survivor, shares her journey from chaos to healing through self-forgiveness and land-based cultural healing.



**Wes Nahanee**  
*'Bring it to the Land'*  
Wes shares cultural approaches to staying grounded and being more present through connecting with nature.



**April Bennett**  
*'The Ancestors & Mother Earth'*  
A Survivor of the 60s Scoop, April talks about her path finding deep connections to nature and her Ancestors.



**Tom Oleman**  
*'Choosing the Wellness Path'*  
Tom shares insights gained on his journey from addictions to being a ceremonial Elder.

#### INDIGENOUS WELLNESS VIDEO SERIES

Through very personal and compelling interviews with local Indigenous Elders and Wisdom-Keepers REACH is able to share their cultural insights, perspective, approaches and tools to support the mental health and wellbeing of our community members.



Watch the videos by scanning the QR code.

## OPERATIONS REPORT

### STRATEGIC PRIORITY 2: ACCESS TO QUALITY HEALTH SERVICES

REACH is proud of the accomplishments of our teams. From April 1st 2020, to June 30th 2021, over 25,000 people received health care services from REACH, amounting to over 112,000 visits and consultations with at least one of our providers. Fifty-eight percent (58%) of the visits were for medical reasons (UPCC or Medical clinic), while 42% for other reasons such as pharmacy, dental and social determinants of health by one of our allied care team members.

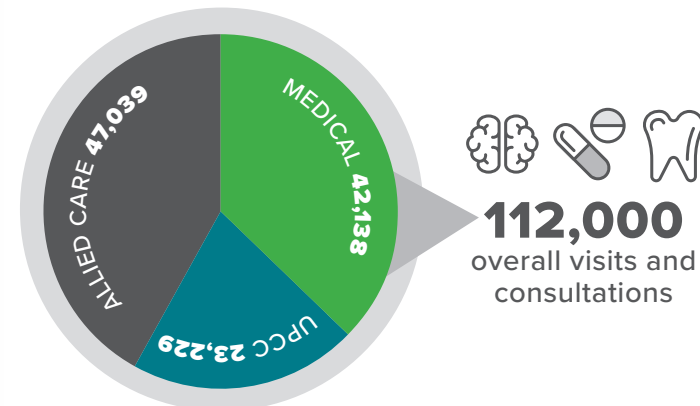
#### MEDICAL

The Medical team provided uninterrupted services to our patients and continued to offer visits by phone, videoconference, or in person. When given the choice between phone or videoconference visits, most patients preferred the phone. When a patient required a physical assessment, they came to the clinic. At the onset of the pandemic, the team acknowledged an increased likelihood of poor health outcomes for vulnerable and unattached people and decided to focus on increasing their attachment to the clinic. This initiative reduced our waitlist by 52%; we accepted 665 new patients, and at the end of June 2021, our Medical clinic had 5,131 attached patients. We observed an increasing number of patients from marginalized communities or presenting with medical and social complexities. For example, we noted increases in the number of patients requiring more than 12 visits annually (32%), patients self-identifying as Indigenous (27%), patients on Opioid Antagonist Therapy (23%), and patients needing trans-care (13%).

#### REACH in 2021



**25,000+**  
people received health care services



**112,000**  
overall visits and consultations

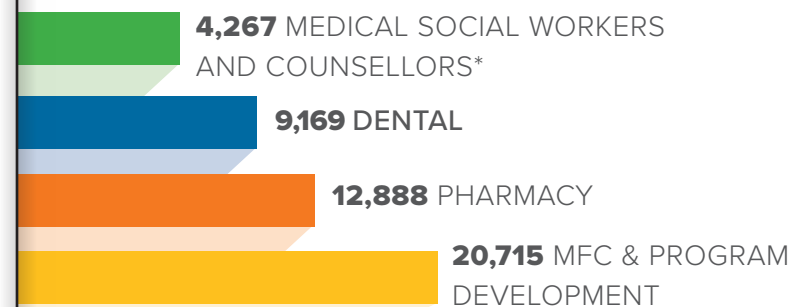
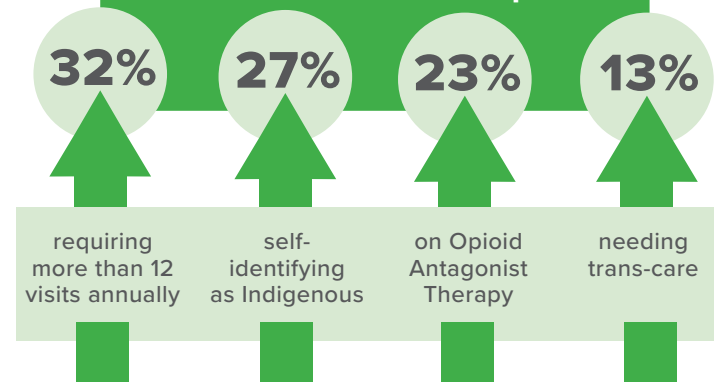


**5,131**  
attached patients



**665**  
new patients

#### % increase in the number of patients:



\*Excludes visits to UPCC social workers.



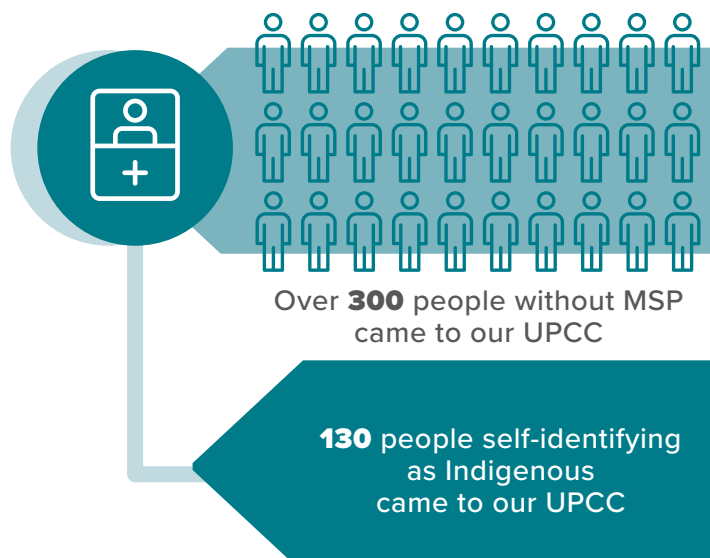
## OPERATIONS REPORT

### STRATEGIC PRIORITY 2: ACCESS TO QUALITY HEALTH SERVICES *continued*

Over the summer, we initiated a specialized clinic to address the backlog of deferred cervical screenings (Pap smears) that have accumulated due to pandemic restrictions. This nurse-led specialized Pap Clinic draws on Primary Care Network resources allocated to REACH. With a backlog of over 1,400 Pap smears, our goal is to eliminate or significantly reduce this volume by the end of December 2021.

#### UPCC

A couple of weeks after launching our Urgent and Primary Care Centre (UPCC), we pivoted our services to offer COVID-19 assessment to address an immediate need, resulting in multiple changes to our workflows and processes. At the end of June 2021, we recorded 23,229 visits and 25,138 phone calls; over 52% were non-COVID-related visits. We explain this percentage of non-COVID-related visits by the high demand for COVID testing and hesitancy to attend the clinic in person for other concerns at the beginning of the pandemic.



Through our UPCC, we increased access to urgent and primary care and delivered health care services to more people in our community. We also provided access to people who may not have received services otherwise: over 300 people without Medical Service Plan and 130 people self-identifying as Indigenous came to our UPCC to receive health care services.

REACH UPCC has actively and vigorously engaged in Quality Improvement initiatives with the collaboration of the Practice Support Program (PSP). From February 2020 to July 2021, we ran 27 PSP projects in the UPCC and two PSP projects in the Medical Clinic. Highlights of this work include:

1. Access to urgent care Opioid Antagonist Therapy (OAT) in the context of the opioid crisis that includes a team-based workflow for OAT and ensures that for at least 90% of our opening hours, an OAT prescriber is available.
2. Provision of Point of Care Ultrasound (PoCUS) with increased providers' confidence to use this resource and a consequent increase in the utilization of this tool in clinical practice. There is more work to do here, but this is a great start.
3. Refreshed protocols for responding to medical emergencies and increased Code Blue simulations to enhance safety for patients with life-threatening conditions.
4. Improved turnaround time for urgent blood results.
5. Four team-based care sessions to discuss important topics such as patient-centered care, interprofessional communication, team functioning, collaborative partnership, and inter-professional conflict management.



**23,229**  
visits to UPCC



**25,138**  
phone calls



*I had an amazing experience at REACH today, I felt so comfortable and cared for ... The wait time was short and I was in and out in an appropriate time... The facilities are clean and have a super friendly/ welcoming vibe... Big thank you to the REACH team!"*

UPCC patient at REACH

We are currently working on improving our team-based patient flow to match patient needs to the "right person; right place; right time". We hope to show improvements in "time to an initial assessment" with a nurse, nurse practitioner, or physician in urgent cases. We are also starting a project to enhance the scope of our registered nurses working in the UPCC. Other active projects comprise improving Human Immunodeficiency Virus (HIV) prevention with the provision of Post-Exposure Prophylaxis (PEP) and enhancing our ability to manage minor fractures. Both these projects will help to reduce emergency room visits.

#### PHARMACY

The Pharmacy continued to grow, showing an 11% increase in revenue over the previous year, consistent with the last couple of years. Consequently, expenses increased due to staffing, extended hours to align with the UPCC, and a significant increase in prescription delivery costs. As the pandemic stabilized and services related to the pandemic offered by Vancouver Coastal Health

increased, the Pharmacy began to see the full impact of the UPCC with regards to increased prescriptions – we have now surpassed 7,000 clients.

**12,888** Pharmacy consultations  
& **7,000+** Pharmacy clients



#### DENTAL

At the end of June 2021, Dental had 3,194 patients on its roster and administered 9,169 appointments. Throughout the year, revenues continued to be lower than expected, in large part due to slower patient bookings. Recognizing the financial impact of the pandemic on our patients, we increased the availability of subsidies - from an average of 41% of total patients in 2019-2020 to 54% in 2020-2021. Since April 2021, between 57% and 63% of our dental patients have received a subsidy. We offer subsidies in the form of discounts to low-income people who do not have insurance for dental care, and waivers to people with government insurance which reimburses service costs at a rate much lower than the market rate. These subsidies were possible, thanks to the financial support of the BC Dental Association (BCDA) and the Canadian Wage Subsidy Program. The BCDA also supported us with a generous grant to acquire new equipment to promote efficiency in our clinic.

**3,194** Dental patients on roster  
& **9,169** Dental appointments



## OPERATIONS REPORT

### STRATEGIC PRIORITY 2: ACCESS TO QUALITY HEALTH SERVICES *continued*

“

*I've been a patient for 3 years, seems a lot longer. I like REACH Dental because the dentist is professional and very friendly. I find it culturally friendly as well. For example, the poster on the wall in the waiting room – they have healing circle, 24hr emergency services for First Nations - that makes me feel comfortable.*

Dental patient at REACH

New this year, we offered services related to gender-based violence prevention. These services include workshops on domestic violence, one-on-one sessions, Indigenous Sharing Circles, and an Indigenous Women Walking Group in partnership with the Vancouver Native Housing Society.

“

*I would like to share my gratitude in having these services offered, patients needs safe places where they are able to share.*

MFC/ Program Development client

To support food and income securities in our community, our allied team, including Basics for Health (B4H) volunteers, assisted patients and clients with questions and referrals related to food security and COVID-19 related income relief. In addition, we put together food hampers for distribution by each department and to residents of Grandview Park through our Public Health programs. Later, we substituted these hampers for food cards obtained from Canada Food Centre but maintained the availability of snacks to support our most vulnerable patients and clients. To promote income security, we partnered with the Canadian Mental Health Association to embed vocational counselors and assist patients who are eligible for the “Persons with Persistent Multiple barriers” (PPMB) program.

At the height of the pandemic, we reached out to our Medical patients to determine their COVID-19 related concerns. This initiative led to an influx of patient requests for support, particularly in the areas of depression, anxiety, and substance use.

#### MFC & PROGRAM DEVELOPMENT

REACH is on the verge of creating a new department, Health Equity and Engagement, to provide a continuum of integrated services to support patients with personal, social, economic, and environmental issues. A diagram of the service delivery model is presented on page 20.

Based on ongoing consultation of community needs, we continued to offer our multicultural programs focusing on Arabic (women), Latin American (seniors, men, and women groups), and Vietnamese (women) populations. For each group, we succeeded in maintaining community connections while addressing the specific cultural needs of these communities.

We continued to offer interpretation services during medical visits and adapted most of our programs to an online mode of delivery. Since many of the participants in these cultural groups are seniors and unfamiliar with technologies, we followed up with individual phone calls to keep them informed and connected.

Through a partnership with the Canadian Action Initiative, we were able to expand access to groups programming. Online groups represented a substantial shift for REACH facilitators and registrants! Participant testimony is generally very positive, and there is often a waitlist for groups. Open access counseling was identified as a need by group participants, and we are grateful that our funding was renewed for another year, allowing the group programs to continue, supplemented by a community counselor.

Following a Board motion regarding people with precarious status and no Medical Service Plan, we created an internal Sanctuary committee to operationalize the motion and dedicated financial resources to support this community in accessing diagnostic tests, medications, specialists, and other essential health services.

We formulated our newly created Public Health program with the specific goal to engage the public in addressing the pandemic, and to provide education to counteract the misinformation and unease surrounding the COVID-19. Our team designed an interactive workshop to present to community members and distributed Personal Protective Equipment. In collaboration with Cross-Cultural Health promoters, we culturally adapted the workshop and translated it into Spanish and Arabic; in total, we delivered 31 workshops to 303 participants. At the beginning of this fiscal year, we signed a memorandum of understanding with the Vancouver Native Housing Society to offer our COVID101 workshop to about 400 residents.

As part of our Public Health programming, we initiated several strategies to maximize the number of people getting flu vaccinations. We organized daily pre-booked group vaccinations at the Medical clinic and drop-in pop-up sidewalk clinics on Napier

Greenway in partnership with the UBC Faculty of Medicine. Through these campaigns, we served 499 patients of Medical and 400 community members. We also held a clinic at Peggy's Place and Strathcona Community Policing Centre near RayCam and provided vaccines on an opportunistic basis through our Pharmacy, Medical clinic, and UPCC.

Also, as part of our Public Health program, we encouraged COVID-19 vaccinations by providing timely and up-to-date information during weekly community bulletin phone calls, on our website, and social media. In addition to their usual work, the volunteers of the B4H supported this work by calling the most vulnerable people on our Medical panel to see if they needed any assistance to access or register for their vaccinations. We partnered with Britannia and Vancouver Coastal Health to hold two Indigenous-focused vaccination clinics, fielding three nurses and vaccination supplies to assist in the day-long clinics that served 90 individuals.

We made great progress this year in developing our Health Equity and Engagement program; however, we still have work to do. The priority this coming year will be to seek permanent funding to continue advocating for health equity and community engagement.



## OPERATIONS REPORT

### STRATEGIC PRIORITY 3: COMMUNITY ENGAGEMENT

Right at the start of the pandemic and throughout the entire year, we engaged our community by creating activities to provide up-to-date information on COVID-19 and vaccinations. In addition to workshops mentioned in the previous section, we provided regular 'Community Partner Bulletins' in the form of conference calls involving staff from all departments. We then emailed summaries of these conference calls to over 40 organizations.

In addition, we engaged our community by promoting flu and COVID-19 vaccinations as public health responses to the pandemic. As reported in the previous section, we also gathered staff from all departments to organize flu and COVID-19 vaccination clinics.

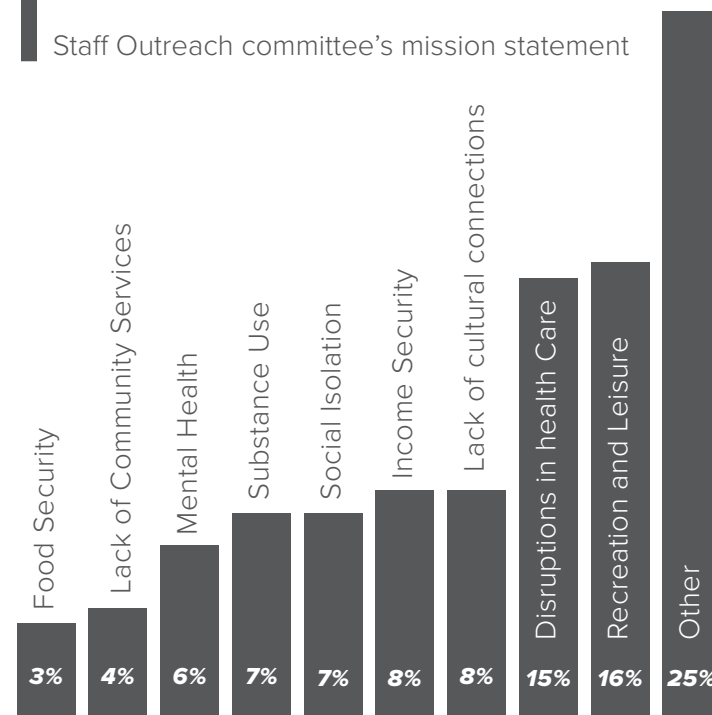
Community engagement was also reflected through our participation in meetings organized by community partners and networks such as Our Place, The RICHER Table, Multi-Agency Partnership (MAP), Community Alliance for Racialized and Ethnocultural Services for Equitable Health (CARES-EH), Network of Inner-City Community Services Society (NICCSS), Senior Housing Forum, Affiliation of Multicultural Societies and Service Agencies (AMSSA). Our participation in these meetings guides us in designing programs and services while providing information to our partners on services and programs offered at REACH.

To increase community engagement, we created interactive displays and activities in our main waiting room. What started as handing out masks in compliance with the mask policy, grew to encourage more nuanced engagement, including a central poster board with stickers to capture people's thoughts and feelings on different topics about their health and wellness. From the responses, we created a series of initiatives such as the distribution of warm clothes for winter, food cards, mental health and wellness resources, and Indigenous healing bags, to name a few.

“

**To ensure accessible and equitable health services that support community health and wellbeing: provide a safe and welcoming environment, partner with community agencies, make connections to strengthen relationships and enhance advocacy work.**

Staff Outreach committee's mission statement



**How has COVID19 impacted your life?  
Our Patients say...**

## OPERATIONS REPORT

### STRATEGIC PRIORITY 4: HEALTHY WORKPLACE

Maintaining and enhancing a healthy workplace was one of our biggest goals and challenges. Two major safety concerns dictated our actions throughout the year: the risk of COVID-19 infection and transmission, and the risk of violence. To reduce the risk of infection and transmission, we rapidly implemented safety protocols based on guidelines from the Public Health Officer and WorkSafe BC, increased departmental communication, and modified workflows. Throughout the year, all departments continued to follow these protocols to ensure safety for our staff and patients. As a result, not one of our staff acquired COVID-19 while working at REACH.

We carefully designed our Code White policy and procedures to better equip our staff to appropriately respond to violent behaviour, and conducted daily simulations. Also, after each incident, we promptly debriefed each incident and adjusted as we learned from our experiences. We continue to offer workshops and simulations and are currently establishing partnerships with Worksafe BC and Vancouver Coastal Health to improve our access to resources for staff. We still have some work to do, but we are further ahead than where we started.

“

**I feel very well supported by my colleagues and constantly impressed by their knowledge and willingness to help.”**

REACH staff

Our improved benefits package saw its full effect this year with a substantial increase in utilization. We also increased all salaries to the Cost of Living Adjustment (COLA) index, and, based on a market study from an external HR firm, we corrected salaries that were below market rates.

We also looked at adjusting our HR policy and procedures to promote a respectful workplace. Preliminary discussions around Equity, Diversity, and Inclusivity have started, and we are seriously looking at how to improve as an organization. We have revised our interview and orientation processes to better capture skills and competencies that reflect our values.

“

**Doing these surveys yearly are helpful as it gives us a platform to express our thoughts, feelings, and opinions anonymously. It feels like I can be heard from REACH.”**

REACH staff

To support our staff during these trying times, we initiated several initiatives through our Social Committee and HR coordinator.

Finally, this year, we administered a staff satisfaction survey and achieved a 79% rate of response. Results were very encouraging, and these are being discussed further at departmental meetings: all suggestions to improve will be analyzed for their feasibility and practicality this coming year.



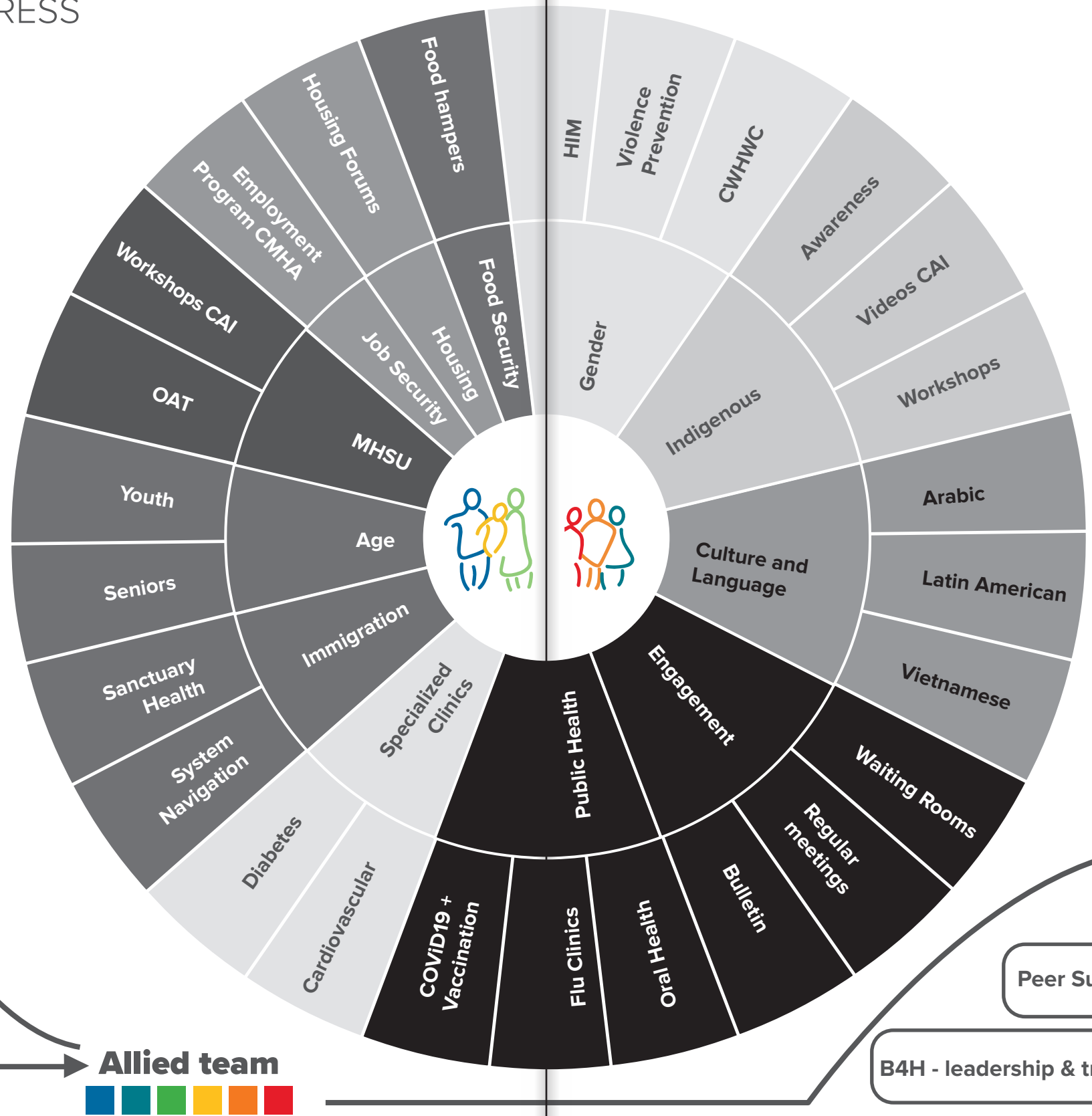


# HEALTH EQUITY & ENGAGEMENT SERVICE DELIVERY MODEL IN PROGRESS

Patients/Clients  
Community partners

Needs determination  
**Outreach Committee**  
(Managers and Allied Team)

1:1 by allied team members  
Counseling, Interpretation,  
Navigations, Drop-ins.



**Allied team**

- LEGEND**
- Administration
  - Pharmacy
  - MFC & Program Development
  - Medical
  - UPCC
  - Dental

- ABBREVIATIONS**
- HIM — Health Initiative for Men
  - CWHWC — Catherine White Holman Wellness Centre
  - CAI — Canadian Action Initiatives
  - OAT — Opioid Agonist Therapy
  - MHSU — Mental Health & Substance Use
  - CMHA — Canadian Mental Health Association

**Peer Support**

**B4H - leadership & training**

Program Development Manager;  
Social Workers (2);  
Counsellors (2);  
Gender Based Violence Prevention Coordinator (1);  
Basics for Health Coordinator (1);  
Cross Cultural Health Promoters (4);  
Indigenous Health Promoters (2);  
Canadian Mental Health Association team  
(Occupational therapist, Case manager & Job  
developer);  
Consultants (Dietitians, Elders, Mental  
Health nurse, etc.);  
Elder in residence (1)

## TREASURER'S REPORT



### KYLIE ELLIS

**This has been my first year as Treasurer at REACH**

and though challenging, the role has proved to be very rewarding. I extend a huge thank you to the Finance Committee members Abbe Nielsen, Neal Jennings, Jill

Kelly, and Cyndia Cole for their support and patience over this past year as well as staff members Henry Yuen and Nicole LeMire, for their commitment and efforts.

The year has continued to be an unusual, but financially strong, year for REACH. The COVID-19 pandemic has sustained through our 20/21 fiscal year. The Dental Department was able to return to work with safety protocols in place. Departments slowly increased their revenue and with the continued support of Canada Emergency Wage Subsidy for a portion of the fiscal year REACH's financial situation has remained strong.

In 2019 the Board passed a motion to complete a regular review of the salaries to ensure staff were being compensated appropriately. A study was completed this year and determined that most roles were in line with market rates, however there were a few roles where REACH could improve the compensation levels. Those salaries which were under market rate were adjusted to be aligned with the report rates. Also, salaries were adjusted for 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 programmes. Luckily, REACH did not need to access the funds this year. Also, as recommended by the auditors, REACH recognized the remaining balance of old deferred revenue (from the physician contracts in previous years) as the current year revenue.

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. In May 2021, Nicole and Henry announced that REACH had been granted \$275,000 in new funding to support the Indigenous and Public Health programs. The funding started April 1, 2021, and is for one-year, however the REACH Board has committed to search for ongoing funding for these programs. Additional funding has also been obtained for the mental health workshops.

I look forward to renewing my board position for the 2021/2022 year and continue working with the REACH Board and staff.

Kylie Ellis

Treasurer  
REACH COMMUNITY HEALTH CENTRE

## FINANCIAL STATEMENT

### CONDENSED STATEMENT OF REVENUES AND EXPENDITURES

AND

### MEMBERS EQUITY FOR THE YEAR ENDED MARCH 31, 2021

	2021	2020
<b>REVENUE</b>		
Medical Grants	3,123,739	3,082,531
Dental Fees	1,801,128	2,182,136
Pharmacy Sales	2,049,925	1,826,397
Multicultural Family Services	444,153	371,930
UPCC	2,586,557	823,705
PCN	391,794	110,968
Other	828,012	216,042
	<b>\$11,225,308</b>	<b>\$8,613,709</b>

<b>EXPENSES</b>		
Salaries and Benefits	7,939,777	5,708,267
Direct Services and Supplies	1,728,954	1,479,163
Administration	1,245,577	1,046,572
	<b>\$10,914,308</b>	<b>\$8,234,002</b>

<b>NET ASSETS</b>		
Net Revenue over Expenditures	311,000	379,707
Internally restricted for contingency purposes	1,500,000	1,400,433
Invested in property and equipment	1,588,242	1,308,102
<b>TOTAL NET ASSETS</b>	<b>\$3,399,242</b>	<b>\$3,088,242</b>



## COMMITTEE REPORTS

### HUMAN RESOURCES COMMITTEE

Members: Una Walsh (Chair), Bill Hood, Diana Guenther, Emma Macklem, Nicole LeMire, and Amanda Abrams

The HR Committee has continued this year to provide advice and recommendations to the Executive Director and the Board on the effective implementation and application of sound human resources policies and decisions. This year the areas of advice have focused on performance review structure and process, Executive Director job description, workplace health and safety practices and an extensive external labour market review and resultant salary adjustments. The HR Committee has also continued to advise in the revision and updating of the Human Resources Manual and the development of additional policies. The HR Committee provides, on an as-needed basis, advice and assistance in the resolution of any personnel issues which have been referred to it.

*Respectfully submitted, Una Walsh, Committee chair*

### FUNDRAISING COMMITTEE

Members: Jane Turner (Chair), Alice J. Munro, Emma Macklem, Janette McIntosh, Marian Dodds, and Nicole LeMire

The Committee met with representatives of the Finance Committee and VanCity in the Fall of 2020 to discuss fundraising ideas to reduce REACH's mortgage. The sad news is that no one will offer funds to pay down the mortgage as part of a fundraising drive.

The Committee then discussed what other initiatives it could fundraise for. Any initiative we fundraise would likely require REACH staff participation, so we will wait for staff to request funds for a particular project.

Staff is finalizing its Health Equity and Engagement Services Plan, there may be a role for the fundraising committee in securing funds for the projects attached to that initiative.

There is a Donate Here button on the Home Page of the REACH website, for any member or community supporter to donate to REACH. Donations of \$20.00 or more will receive a tax receipt. The funds will be used to support REACH programs not funded by Vancouver Coastal Health or the Ministry of Health, thereby freeing up surplus funds to pay down our mortgage.

*Respectfully submitted, Jane Turner, Committee chair*

### PROJECT PLANNING AND EVALUATION COMMITTEE (PPEC)

Members: Marian Dodds (Chair), Colleen Fuller, Danielle Burch, Janette McIntosh, Piotr Majkowski, and Nicole LeMire

The PPEC met by Zoom seven times to discuss REACH programs and planning and the Chair maintained regular contact with the Executive Director throughout the year. A major focus this year was liaison with the consultants completing the yearlong evaluation of the new Urgent and Primary Care Centre (UPCC). The committee was pleased overall with the positive results, especially the high patient satisfaction levels reported, an impressive success since staff were challenged to pivot two weeks after the UPCC opening to address the COVID-19 pandemic. The social network analysis done as part of the evaluation illustrated the impressive network of community service providers/organizations interacting positively with REACH and the leadership role we often play in the community.

At the January board retreat a session on the Strategic Priorities of REACH was facilitated by the Chair and during our PPEC meetings we placed an emphasis on our linkages to priorities around community engagement, Indigenous health and wellness and partnerships.

The committee also provided input and suggestions for the newly created Health Equity and Engagement model that the board has adopted this spring to broaden initiatives to address social determinants of health. Initial discussions were begun on an overall multi-year timeline for evaluation of all the departments of REACH and it was decided that, once we see the evaluation model being developed by community health centre networks represented by BCACHC and CACHC, the PPEC will determine next steps in our REACH plan.

*Respectfully submitted, Marian Dodds, Committee chair*

## COMMITTEE REPORTS

### OUTREACH COMMITTEE

Members: Bill Hood (Chair), Alice J. Munro, Cyndia Cole, Jane Turner, Malcolm Steinberg, Modupeoluwa Ayodele, Shari Laliberte, and Usman Mushtaq, and Nicole LeMire.

As a result of COVID, all of our committee work and meetings have taken place over zoom.

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 the specifically Indigenous and public health focused ones, and Global Funding in general. This work was particularly informed by the Board's ongoing discussion of and 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 worked to draft a letter to the Minister of Health, and begin planning to contact other healthcare providers in our area who also work on issues of public health and may be working to fight systemic anti Indigenous racism, to see if they might be open to collaborating with REACH to find collective paths to solutions for issues of joint concern.

Finally, the Outreach committee worked to increase the membership of REACH by rewriting the membership application form (into more user-friendly language) and encouraging staff to promote membership to patients and clients on a regular basis.

*Respectfully submitted, Bill Hood, Committee chair*

### NOMINATING COMMITTEE

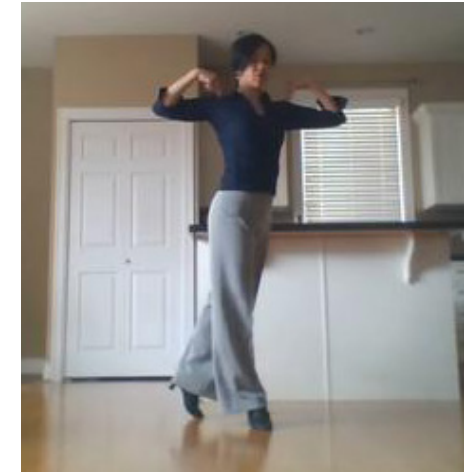
Members: Emma Macklem (Chair), Alice J. Munro, Colleen Fuller, and Daniel Cook

Last summer, the Nominating Committee was tasked with developing a long-term plan to diversify the Board, in an effort to ensure it is representative of the diverse nature of REACH's catchment area. Developing this plan has been the focus of the Nominating Committee's work in the months since. The Committee consulted community and Board members to identify existing barriers that may be preventing key voices from seeking election to the REACH Board. Mitigating actions or improvements for each one were then identified by the Committee in consultation with the Board. These recommendations – both short- and long-term – will be implemented and evaluated by the Board on an ongoing basis.

Alongside this work, the Nominating Committee continued its regular preparation for the September Annual General Meeting. This includes recruiting candidates from the community to stand for election.

*Respectfully submitted, Emma Macklem, Committee chair*

## REACH HIGHLIGHTS



### MOVING AND GROOVING TOWARD SOCIAL CONNECTION!

Our Vietnamese Cross-Cultural Health Program was featured in the VCH newsletter as an innovative way to stay healthy, fit, and socially connected while being physically distant.



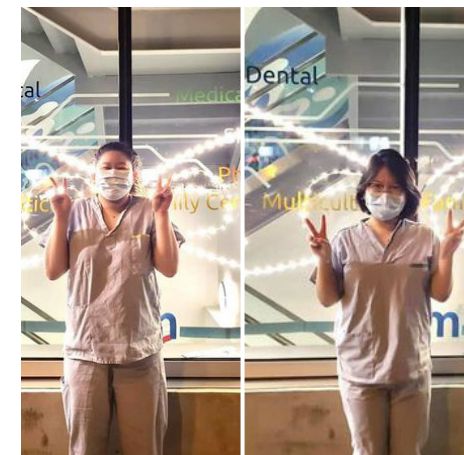
### ORANGE SHIRT DAY

Again, this year we held Orange Shirt Day to honour the Indigenous children who were sent away to residential school in Canada and learn more about our history of those schools.



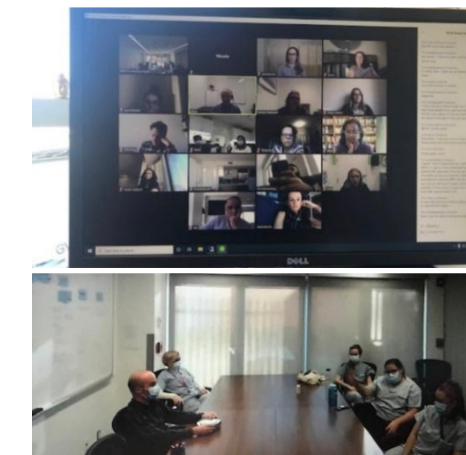
### GET THE SHOT, NOT THE FLU!

Working together to keep our community safe, we held walk-in flu clinics on Commercial and Napier and at the Strathcona Community Policing Centre. We gave hundreds of flu shots to people in our community.



### COVID SAFETY TIPS

Keeping our community safe is one of our priorities. As part of our Public Health Programming, we created a window display to demonstrate how to measure 2 metres apart.



### MEETINGS AT REACH TAKE SEVERAL FORMS



### HARD WORK BEING RECOGNIZED

Our Executive Director was acknowledged for her work with RésoSanté, a Provincial Health network that makes healthcare available for the francophone population in British Columbia.



# REACH HIGHLIGHTS



### PINK SHIRT DAY

This year, we wore it on our face. We talked about what, how, and why bullying happens and can be changed to ensure our environment is safe and caring.



### THINGS WE LOVE

Patients, clients and staff shared all the things they love about REACH and our community. Many people of our community expressed their gratitude for all the hard-working healthcare workers.



### ONE YEAR ALREADY!

On February 10th 2021, the REACH Urgent and Primary Care Centre (UPCC) celebrated one-year since its opening.



### INTERNATIONAL WOMEN'S DAY

Women make up 79% of our staff. Here are some of the amazing women at REACH!



### DENTAL ASSISTANT RECOGNITION WEEK

We thanked our dental staff for the work they do. Every day they provide excellent oral health care and give us the confidence to smile, even though it is behind the mask at the moment.



### COVID-101 WORKSHOPS

We held COVID-101 workshops to inform our community. These well-attended workshops were offered in English, Arabic and Spanish.



### GOOD WORK BEING RECOGNIZED

Two of our physicians received awards from the BC College of Family Practice. Dr. Birinder Narang (right) is the recipient of the First Five Years of Practice Award, and Medical Director Dr. Lloyd Purdy (left) was honoured for outstanding dedication and service to family medicine.



### THIS IS OUR SHOT

REACH participated in 'This Is Our Shot' campaign to replace vaccine hesitancy with confidence.



### HALLOWEEN IS ALWAYS AN EVENT AT REACH



### How Cavities Can Form



### PROMOTING ORAL HEALTH



### INDIGENOUS WELLNESS VIDEO SERIES LAUNCH

The launch of our video series was celebrated by a blanketing ceremony held at ʔxʷqʷeləwən ct Carving Centre.



# REACH HIGHLIGHTS

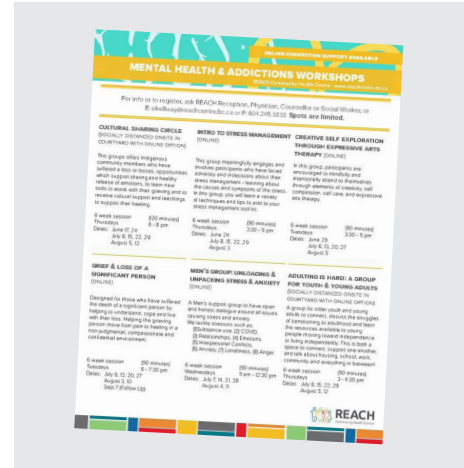


PROMOTING HEALTHY WORK PLACE



CALL TO ACTION

REACH held an online news conference hosted by Pamela Toor to unveil 'A Sign', a passionate spoken-word video featuring Bryant Doradea. The news conference featured Mental Health & Addictions Minister Sheila Malcolmson; MLAs Melanie Mark and Niki Sharma; Elder Tom Oleman; Youth Worker Bryant Doradea; REACH Executive Director Nicole LeMire.



MENTAL HEALTH & ADDICTION WORKSHOPS

During the pandemic, more people struggled from mental health and addiction issues. REACH has been running a series of workshops to help people find ways to cope with overwhelming situations.

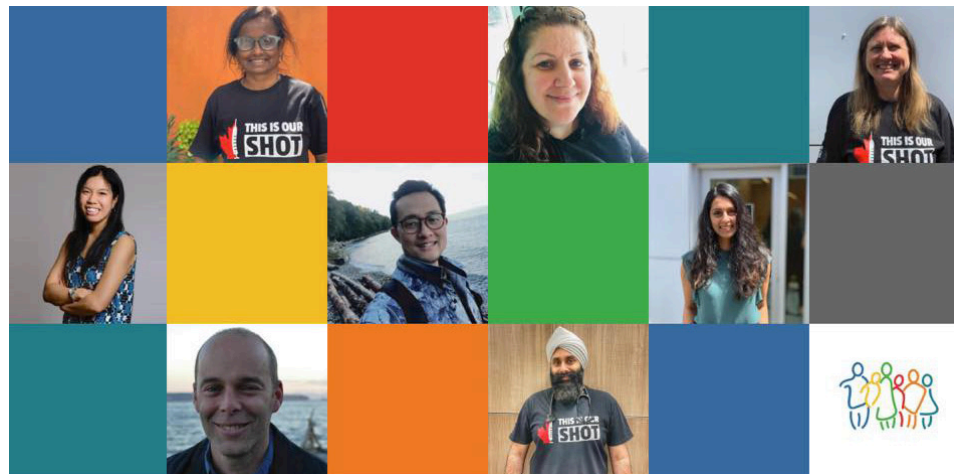


COVID101 + VACCINE WORKSHOPS

In partnership with Vancouver Native Housing Society we hosted several on-line and in person workshops. The workshops included Q&A sessions with pharmacist Afshin Jaber and Doctor Jiwei Li answering the questions. Many of these workshops included cultural teaching with elders, wellness kits, REACH resources, and food.



POINT OF CARE ULTRASOUND WORKSHOPS FOR PHYSICIANS AND NURSE PRACTITIONERS AT UPCC



BC FAMILY DOCTOR DAY

Showing appreciation for this amazing team of physicians at REACH!



PRIDE AT REACH

In the spirit of inclusion and diversity, we held a public event in front of REACH. Many people stopped by and shared their PRIDE! Thanks HIM (Health Initiative for Men) team to join us.



INDIGENOUS PEOPLES' DAY

On June 21st, we celebrated with Indigenous drumming, singing, and smudging. It was nice to connect with people in the community!



BLANKETING CEREMONY

To honour and acknowledge residential school survivors, REACH, in partnership with Vancouver Native Housing Society, held a traditional blanketing ceremony at VAFCS's West Coast Night. The discovery of children's remains at residential schools has triggered an immense amount of grief in Indigenous communities and our goal was to contribute to their healing and wellbeing processes at this event.



## SPECIAL THANKS

### ALL STAFF AT REACH

Administration  
Dental  
Medical  
Multicultural Family Centre & Program Development  
Pharmacy  
Urgent and Primary Care Centre

### BOARD OF DIRECTORS

Colleen Fuller - President  
Una Walsh - Vice President  
Kylie Ellis - Treasurer  
Jane Turner - Secretary  
Alice J. Munro  
Bill Hood  
Cyndia Cole  
Daniel Cook  
Diana Guenther  
Emma Macklem  
Janette McIntosh  
Marian Dodds  
Piotr Majkowski

### STAFF REPRESENTATIVES

Amanda Abrams – Administration  
Andrew Ho - Dental  
Daisy Kler – MFC  
Kateryna Kozynets – UPCC  
Mahmood Aziz - Pharmacy  
Wendy Redhead - Medical

### APPRECIATED FUNDERS

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  
Canada Food Centres  
Canadian Emergency Wage Subsidy Program

Canadian Women's Foundation Grant  
City of Vancouver  
Canadian Action Initiatives  
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 Housing  
BCIT  
Brightside  
Britannia Community Centre  
Britannia Lodge  
Canadian Association of Community Health Centres  
Canadian Mental Health Association  
Catherine White Holman Wellness Centre  
Citizenship and Immigration Canada  
College of Dental Surgeons of BC  
Covenant House  
Correctional Services  
Eastside Family Place  
Elizabeth Fry Society  
First Nations Health Authority – Dental Division  
Frontier College  
Girl Who Leap  
Greater Vancouver Mental Health Team  
Good Food Fund  
Grandview Woodlands Food Connection  
Grief and Loss Society  
Harwood Women's Clinic  
Health Connection  
Health Initiative for Men  
Indian Residential School Survivors Society  
John Howard Society  
Kilala Lelum

Kinbrace Community Centre in Vancouver  
Kiwassa Neighborhood House  
Life Labs  
Lower Mainland Grief Recovery Society  
MidMain Community Health Centre  
MOSAIC Vancouver  
Namegan – Volunteer Nurses  
Our Place  
Pacific Immigrant Resources Society  
Pacifica Treatment Centre  
Peggy's Place  
Portland Society  
PosAbilities Association of BC  
Practice Support Program (collaboration between Doctors of BC and Ministry of Health)  
RavenSong Health Centre  
Ray-Cam Community Centre  
REACH Indigenous Advisory Committee  
Renfrew Collingwood Senior's Society  
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 and VGH's Emergency Departments  
Strathcona Community Policing Centre  
Swan Vancouver  
The Kettle Society  
Thrive Living Society  
UBC Faculty of Medicine  
UBC School of Social Work  
Umbrella Health Collective  
Vancouver Aboriginal Policing Station  
Vancouver Community College  
Vancouver Division of Family Practice  
Vancouver Native Health Society  
Vancouver Native Housing Foundation  
Vancouver School Board  
Watari  
West Coast Medical Imaging  
Whole Way House Society





**Connect with us:**

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

 REACHCommunityHealthCentre

 REACHCommunityHealthCentre

 REACHCHC

 [company/reach-community-health-centre](https://www.linkedin.com/company/reach-community-health-centre)

 **1145 Commercial Drive, Vancouver, BC V5L3X3**

