



REACH

Community Health Centre

Building healthy, sustainable communities since 1969

ANNUAL REPORT 2020

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REACH would like acknowledge that the land on which we gather is the unceded territory of the Coast Salish Peoples, including the territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tseil-Waututh) Nations.



MESSAGE FROM THE PRESIDENT



COLLEEN FULLER

Last year REACH celebrated its first 50 years, a milestone that rests entirely on the strength of the ties between the community and REACH

staff across all four programs – the medical clinic, dental, pharmacy and the Multi-Cultural Family Centre. This year, in partnership with Vancouver Coastal Health, we opened the Urgent and Primary Care Centre, expanding the scope of services we have access to provide to the community within East Vancouver.

These achievements also reflect the strong and on-going commitment of our members to ensuring everyone in our community, regardless of gender, race, ability, sexual orientation, ethnicity, age or other economic or developmental factors, has access to services. The work of the Board has been focused on this mission since the beginning, and we continue to fight for that idea.

Four years ago, the NDP were elected with a promise to support the CHC model, including community-governance, team-based integrated care and global funding, also known as core funding. Since then things have improved 100% - in part because in 2016 CHCs were practically non-existent in most of the province. But we haven't gone as far as we need to go and for that reason, the Board has continued to be actively engaged through the BC Association of Community Health Centres as well as in our own discussions with the Ministry of Health.

As we've said for years, global funding would enable REACH to develop programs that can effectively tackle issues like access to housing, poverty, language barriers, racism and gender-based violence – known as social determinants of health. All of these have a direct impact on our health as

individuals and as a community. Global funding models are used in all other provinces and are designed to enable CHCs like REACH to not only provide excellent medical services, but also to work with their communities to address the social determinants of health in meaningful ways.

Since mid-March, the Board has been following all the guidelines on physical distancing and this means we haven't met face to face since Dr Bonnie Henry declared a public health emergency. In spite of that, we have remained active – thanks to the Internet and new technologies like Zoom and Telus Business Connect. As most of you may know, we set up a sub-committee to reach out to our members via a new ListServ and a phone tree, work that has now shifted to the Outreach Committee. Our Finance, Human Resources and Program Planning and Evaluation Committees all continued to function during the lockdown period to carry out their responsibilities on behalf of REACH members. And it goes without saying that the Executive Committee has continued to meet regularly with our Executive Director, Nicole LeMire.

There is no way to know exactly what will happen over the next months as we swing into a possible “second wave” of COVID. The Board and Executive are extremely grateful to Nicole and all of our staff who are on the front lines at REACH. We have our work cut out for us during the coming year as we work to diversify the Board, thereby ensuring that we better reflect our diverse community. And we will continue to be strong advocates for REACH and for stronger policies that will support a vibrant community health centre component of BC's health system.

Colleen Fuller, President

MESSAGE FROM THE EXECUTIVE DIRECTOR



NICOLE LEMIRE

What a year! This annual report, in its entirety, cannot fully describe all the work that was accomplished during the year. In the past year, there were two

major events that guided our decisions and programming – the implementation of our Urgent and Primary Care Centre (UPCC) and the pandemic.

We spent considerable resources and time to implement our REACH UPCC which is now fully operational. Our UPCC is an important addition to services we already provide - ranging from medical, pharmaceutical, and dental care to counselling, social work, health promotion and disease prevention. In addition, we support Indigenous health initiatives and work with immigrant and refugee populations in the community. Thanks to our UPCC, we have improved community access to health care services and facilitated patient attachment to a physician or nurse practitioner. There are many people to thank because REACH UPCC is a collective effort, a collaboration among our community, government, health authorities, the Division of Family Practice, staff and board members. The endless support and belief that an urgent care centre would improve the health of people in the community helped to make REACH UPCC a reality, today. Kudos to REACH staff; they managed to maintain a high standard of patient care in extremely difficult working conditions during the renovations. They continued every day to preserve the attributes of our Community Health Centre. Thanks to architects at Carscadden for faithfully reflecting our values and wishes in their drawings. And thanks to our contractor, Holaco, for doing a fantastic job. This marked a new era at REACH and it was cause for celebrations: we hosted a smudging celebration to clean the environment of negative thoughts; we organized a cocktail celebration to thank staff

and Board, and at the end of February, Minister of Health Adrian Dix made a formal announcement.

Just as we began to focus on stabilizing our services to balance for the high pressure and demand related to renovations and UPCC program development, the pandemic struck. Quickly, we adapted our urgent care programming to innovate an inter-professional COVID assessment service and fulfill an important role at the forefront of Vancouver's early response to the pandemic. All our departments aligned together to modify workflow and adjust activities to address immediate needs in an effective and efficient manner. Unfortunately, we had to lay off our dental staff, but were delighted to rehire them retroactively after receiving funding from the Canada Emergency Wage Subsidy Program to offset some of the payroll cost. This turned out to be quite an endeavor!

We worked within the framework of the social determinants of health which recognizes that, among other factors, health starts in the community through the food we eat, social connections we make and opportunities we are given. Beyond offering COVID-19 testing and assessments, we also provided vulnerable communities with access to online mental health services, as well as addressed our clients' issues with food security via a hamper program. These new services grew out of our initiative to proactively call community members, revealing that many vulnerable community members were socially isolated, facing additional financial pressures and often very food insecure.

Last year, we created a Service Plan to strengthen our team-based care and develop programs to meet the health needs of our community. Due to conflicting priorities and the pandemic, some of the proposed actions were not possible or were slowed down while the implementation of others was accelerated.



MESSAGE FROM EXECUTIVE DIRECTOR CONTINUED

I invite you to read about the actions we took throughout the year to implement our Service Plan while responding to strategic priorities. In the coming year, we are looking forward to further developing and integrating the services we offer and to playing a bigger role in public health care.

I am grateful to all staff for their outstanding performance and their ability to pull together for the betterment of our community. Being at the head of this team, I am indebted to all. Special thanks to the administration staff who are a large part of all actions and decisions made at REACH. They continue to assist all departments by providing administrative, communication, facility, HR and financial support. I am especially grateful to Medical Director, Lloyd Purdy and Managers – Afshin Jaber, Daisy Kler, Kateryna Kozynets, Maria Botero, Pamela Toor and Wendy Redhead. Their dedication and support are undeniably outstanding. I am, indeed, a very fortunate Executive Director. Throughout the entire year, they strived to support their teams to make sure everyone was performing at their best. Thanks also to a wonderful Board of Directors, especially the Executive, both led by President Colleen Fuller, for their guidance, and their ability to reflect upon and question my actions.

Do not hesitate to contact me for any additional information or if you wish to discuss health needs in our community.



Nicole LeMire, Executive Director

SPECIAL THANKS

ALL STAFF AT REACH

Administration
Dental
Medical
Multicultural Family Centre
Pharmacy
Urgent and Primary Care Centre

BOARD OF DIRECTORS

Colleen Fuller - President
Una Walsh - Vice President
Neal Jennings - Treasurer
Jane Turner - Secretary
Alice Munro
Bill Hood
Danielle Burch
Daniel Cook
Emma Macklem
Janette McIntosh
Kylie Ellis
Marian Dodds
Piotr Majkowski

STAFF REPRESENTATIVES

Afshin Jaberli - Pharmacy
Andrew Ho - Dental
Daisy Kler – MFC
Wendy Redhead - Medical

APPRECIATED FOUNDERS

BC Council for Families
BC Dental Association (BC ministry of Social Development and Poverty Reduction)
British Columbia Gaming Commission
Canada Food Centres
Canada Summer Job Programs
Canadian Association of Community Health Centers (CACHC)
Canadian Emergency Wage Subsidy Program
Canadian Women's Foundation Grant
City of Vancouver
Community Action Initiatives (CAI) Grant
Immigration Refugees and Citizenship Canada
Private donors
Province of BC Community Action Initiative
Provincial Health Services Authority (San'yas)
Service Canada
United Way of the Lower Mainland
Vancouver Coastal Health (SMART Funds, Primary Care, UPCC, PCN)

PARTNERS

Carscadden (Stewart Burgess and Mark Hosford)
Catherine White Holman Wellness Centre
First Nations Health Authority – Dental Division
Frontier College
Greater Vancouver Mental Health Team
Health Initiative for Men (HIM)
Holaco (Terry Kovach and Brendan Reid)
Indian Residential School Survivors Society
Life Labs
Lower Mainland Grief Recovery Society
Ministry of Health
Practice Support Program a collaboration between Doctors of BC and Ministry of Health
REACH Indigenous Advisory Committee
Self-management BC
Sheway
St-Paul's and VGH Emergency
The Kettle Society
Umbrella Health Collective
Vancouver Division of Family Practice
Vancouver Native Health Society - Dental Division
Vancouver Native Housing Society
West Coast Medical Imaging

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 2020 - 2025

STRATEGIC PRIORITY 1: INDIGENOUS HEALTH & WELLNESS

REACH operates on the unceded territory of the Musqueam, Skwxú7mesh, 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

STRATEGIC PRIORITY 1: INDIGENOUS HEALTH & WELLNESS

We are pleased with the progress we have made to promote health equity in East Vancouver and are proud to report that at least 9% of patients attached to our Medical clinic self-reported to be of Indigenous ancestry and approximately 8% of total visits to the clinic are Indigenous patients.

Throughout the year, we worked with our Indigenous patients to address social determinants of health and engaged with the Indigenous community on an ongoing basis to seek collaboration. Formal partnerships were established with Sheway to increase attachment to the Medical clinic and with First Nations Health Authority to host a day of free dental services provided by dental therapists.

Through the Community Action Initiatives (CAI) Grant, we were able to offer online and in person workshops to alleviate some of the adverse effects of the pandemic on our Indigenous patients: Chronic Pain in partnership with Self-management BC; Grief and Loss in partnership with Indian Residential School Survivors Society, and Walking in Nature as a way of re-grounding. Through the Canadian Womens Foundation grant, issues of gender-based violence during COVID-19 will be addressed in the coming months.

At the same time, we planned several activities throughout the year to help sensitize staff and Board on the reality of Indigenous populations and their culture. Staff and Board were also invited to take the San'yas Indigenous Cultural Safety Training Program delivered online through Provincial Health Services Authority or the in-person VCH Indigenous cultural training.

Many thanks to our Indigenous Advisory Committee for their viewpoints and their recommendations. The successes of this year would not have been possible without their

contribution. Although we made progress, there is still much to do to close the gaps in health care services provided to this community. I look forward to the coming year to continue working with the Indigenous Advisory Committee and implementing many of their suggestions.

STRATEGIC PRIORITY 2: ACCESS TO QUALITY HEALTH SERVICE

During the past fiscal year, over 13,000 people received health care services at REACH, amounting to over 65,000 visits and consultations with at least one of our providers and 464 group sessions that address social determinants of health.

The opening of our Urgent and Primary Care Centre (UPCC) has allowed us to better serve our community by reaching out to even more people. Our model of care reflects the values we place on low barrier access, equity, team-based care, trauma informed practices and social determinants of health. Since its inception, we recorded 8,737 in-person visits from people who may not have received services otherwise. The raison d'être of the UPCC demonstrated all its importance during the pandemic and still does today. In less than 6-months, between March 15 and August 31, we were able to respond to over 14,335 phone calls from people wanting COVID-19 information or requesting an assessment and/or a test; 85% of in-person visits took place since April 1. Thanks to our UPCC, we were able to provide services to an additional 7,500 people, totaling 20,500 unique people coming through our doors. Incredible results for a relatively small Centre!

Lately, we were pleased to hear that VCH opened a large COVID-19 testing site. We welcome this initiative as it will allow us to concentrate on developing our urgent care services with the support of the Practice Support Program, an initiative of the General Practice Services Committee (GPSC).



STRATEGIC PRIORITY 2 CONTINUED

While developing this new service and dealing with the pandemic, we continued to deliver our existing services. Throughout the year, we strived to increase capacity, access and attachment to our Medical clinic while undertaking several activities to improve the quality of our medical services. In doing so, we were supported by additional resources from the Primary Care Network initiative. Attributable to these actions, our Medical clinic's panel size has hovered above 5,000 throughout the year instead of going below that threshold. After analysis of our data, we concluded that despite an increase in medical and social complexity of our patients, we were able to maintain high attachment levels² to our medical providers, even with patients who presented with mental health concerns in combination with substance use or opioid replacement therapy. This shift in patients' complexity reduced our ability to increase panel size¹. Other social determinants of health include homelessness, no Medical Service Plan coverage, English not being the primary language and immigration barriers especially impacting refugees.

To handle the increased demand for services offered by our Pharmacy, we restructured roles and responsibilities; welcomed additional staff; and extended our hours of operations. Since July 1, we are delighted to be open 7 days per week (including statutory holidays) and evenings Monday to Saturday. During COVID-19, based on recommendations of the Provincial Health Officer, we expanded the scope of our pharmacists and significantly increased the number of medication deliveries. Some innovations related to efficiency and service improvements were implemented to offset additional costs and reduced profit margins as experienced throughout the industry.

The Dental Clinic made it through front desk renovations and its closure mid-March due to the pandemic. While our dental clinic was closed, we continued to offer services via telehealth for people with dental emergency. At the same time, we applied to the Canada Emergency Wage Subsidy Program to support the dental team and to offset some of the payroll cost. The clinic re-opened on June 15 with new protocols and slower pace between patients. It is already generating revenue almost equivalent to budget figures. Thanks to funding from the Ministry of Social Development and Poverty Reduction (MDPR), the clinic offered subsidy to a greater number of low-income people and was able to purchase new equipment to improve the quality of our dental services. We are also grateful to a generous private donor who provided funding to help youth in financial hardship receive needed dental treatment.

The Multicultural Family Centre (MFC) continued to offer walk-in and group services to cultural communities. We are proud to serve multiple cultural groups: Latin American men's group; Vietnamese Seniors' program, Middle Eastern women's group; Latin American women's group; Latin American senior's group; Spanish speaking diabetes prevention workshop. Our services reinforce the idea that well-being and social connectivity are an integral part of good health by addressing the social determinants of health that are culturally appropriate thereby promoting better health outcomes. Through our volunteers' program Basic for Health, we were able to assist people navigating the system and find ways to respond to their social concerns and needs. Volunteers for this program are graduate students from diverse professions.

We also engaged with our internal teams to support better coordination and integration of our services. At the onset of the pandemic, Medical and UPCC teamed



STRATEGIC PRIORITY 2 CONTINUED

up to provide needed services to our community; staff of the Medical clinic were often redeployed to compensate for absenteeism at the UPCC. Quickly, we created an Allied Team composed of Social Workers, Counsellors, Cross Cultural and Indigenous Health Promoters with the mandate of reorienting services and programs to support the social determinants of health in the community while being responsive to REACH teams and patients.

Mid-March, the Allied Team developed a Social Determinants of Health (SDH) pandemic plan to support not only clients at REACH, but also vulnerable people living in our community. This focus on SDH is in line with REACH's equity approach to health care recognizing the broader socio-economic impacts that affect the health of our community. Food security being the number one concern in the community, food hampers were put together and distributed on each floor and department at REACH. At the same time, we teamed up with Britannia to tend seniors to make sure they are getting food and are having the social contact they need through regular phone calls; we coordinated with Umbrella Health Collective to share and circulate all translated materials related to COVID-19; we worked with The Kettle Society advocating for services to increase distancing and to reduce risk exposure for shelter residents. The opioid overdose crisis is heart breaking and we continued to provide Opioid Agonist Therapy (OAT) assistance to our patients and patients at shelters and to organizations who reached out for help.

New this year, the Allied Team was also able to create and offer on-line mental health workshops to assist people with various mental health issues, addictions and substance use; to honor the loss of loved ones (Grief and

Loss); to tackle role-transition and life changes (Grief and Loss); to assist with stress during COVID-19 (Mindfulness tools); and to support children (Art Therapy). These programs will continue in the future and will be offered to our community.

In the coming year, we plan to continue program development and integration. To create capacity at the Medical clinic and better support our community, we hope to offer specialized medical clinics and programs that address some of the important social determinants of health. We have plans to address the opioid overdose crisis and to reach out to the most vulnerable people in our community. We are looking forward to playing a bigger role in public health and to developing our urgent services to promote attachment to our Medical clinic and to the physicians and nurse practitioners practicing in our community.

¹ Attachment level is defined here as the percentage of patients seen in the past twelve months who have been in our medical panel for the past 3 years.

² Panel size is defined as the total number of patients seen in a twelve month period).

STRATEGIC PRIORITY 3: COMMUNITY ENGAGEMENT

As in the past, REACH staff participates in the regular meetings of different community partners, including OurPlace; Britannia; Grandview Woodland Area Services Team (GWAST); Responsive, Intersectoral-Interdisciplinary, Child-Community, Health, Education and Research (RICHER); Community Alliance for Racialized Ethnocultural Services (CARES for Equitable Health); Multi Agency Partners (MAP); Senior's Housing forum; and Refugee Program Evaluation Forum. We believe that our participation in these meetings promotes collaboration and a better understanding of the health needs in our community.



STRATEGIC PRIORITY 3 CONTINUED

With the planning of the UPCC, we organized a series of sessions with different community groups and community service organizations to inform the development of our UPCC. We also organized physician engagement sessions in collaboration with Vancouver Division of Family Practice; and held community consultations with Vietnamese service organizations to discuss needs and challenges of the community. Early December, our internal outreach committee hosted a successful consultation session with 15 community organizations participating. Although the focus was on the UPCC, all managers presented their programs. We were encouraged by the reaction of people who applauded the creation of a UPCC in our community. In addition, key feedback from these sessions include the desire to have increased access through communication, signage, and multiple languages and to have REACH present and share similar information to other members in their organizations.

REACH's newly created Allied Team has been instrumental in driving community engagement and sharing current and reliable information with partners and the public. We hosted regular community conference calls in which partners were invited to listen to COVID-19 updates from REACH nurses, pharmacist, and social workers/counsellors. They were also encouraged to share their concerns. Over 18 community partners participated in our Community bulletin and over 100 received a summary of the meetings. Some key issues that were identified include: ongoing food security, social isolation/reaching vulnerable populations (especially seniors), need for support for organizations providing outreach, loss of connection with high risk communities due to closure of public spaces/drop-ins, concerns of community spread and containment within housing providers, personal protective equipment for front line service workers, and ongoing mental health and social work support for REACH clients remotely.

STRATEGIC PRIORITY 4: HEALTHY WORK PLACE

The opening of our UPCC resulted in a major recruiting process. Through the year, we welcomed 57 new staff, permanent and casual; 74% of them were hired for the UPCC. An additional 41 sessional physicians joined our UPCC team. We also accommodated several students who wanted to do their practicum at REACH in the fields of pharmacy, social work, dental and medical support, nursing, and general family practice.

Moving from a small to a medium size organization, we needed to deploy considerable time and resources to adjust our HR policy, to facilitate new staff integration, and to support students who will be gaining experience in a community health setting. Additionally, we hired part time Clinical Nurse Educators (CNE) in both UPCC and Medical to support orientation and continuing education for nurses.

This year, we took time to carefully review our benefits package and thankfully were able to upgrade it to offer more competitive coverage. Salaries were also adjusted to the cost of living. Most of these changes took effect on April 1, 2020. We are currently in the process of commissioning an HR firm to provide salary benchmarks for each role based on our job descriptions. The goal of this initiative is to attract new talents and treat existing staff fairly.

At the early stage of the pandemic, we reviewed and updated our health and safety protocols to keep our staff and clients safe. To this date, our staff have followed these protocols by using Personal Protective Equipment (PPE), practicing social distance and performing hand hygiene. To minimize cross-contaminations, we implemented doffing and donning protocols and designated the UPCC as a "contaminated" zone and the rest of the building "clean" zone. Under the recommendations of the Provincial Health



STRATEGIC PRIORITY 4 CONTINUED

Officer, we temporarily closed the Dental clinic, cancelled all in-person groups and Basics for Health services, and scaled back Medical clinic hours and the number of staff on site. We created policies for staff working from home and for absenteeism, and supported staff who wanted to work home for different reasons. As a result of our activities, no staff have acquired COVID-19 from working at REACH.

We also organized activities to take care of our staff during the pandemic and to thank them for their work, their dedication, and their commitment. These activities were always appreciated by staff and we intend to increase them, and hopefully maintaining high morale.

STRATEGIC PRIORITY 5: STRATEGIC PARTNERHIPS

To serve our mandate and achieve our goals, we worked together with other organizations, governments, and individuals. Through this past year, we have nurtured our existing partnerships and pursued additional ones to provide services that are meaningful to our community.

We continued to work closely with the Ministry of Health, Vancouver Coastal Health and the Vancouver Division of Family Practice who helped develop our services at the Urgent and Primary Care Centre and who even visited our staff there to thank them for their impressive work during the pandemic. We also established new partnerships with LifeLabs to pick up patient samples from the UPCC on a daily and regular basis, and with West Coast Medical Imaging to provide patients with rapid access to diagnostic imaging (USS and X-rays).

We worked with Greater Vancouver Mental Health team and St-Paul's and VGH's Emergency Departments to

provide emergency pharmacy services; we collaborated with The Kettle Society to provide pharmacy and medical services to their clients living in shelters; and we partnered with Sheway to improve attachment of pregnant women and new mothers with substance use to primary health care services. Health Initiative for Men (HIM) and Catherine White Holman Wellness Centre (CWHWC) continue to use our premises to operate their respective clinics at REACH. They both suspended services at REACH during COVID. HIM reopened in July while CWHWC is still providing services virtually. To support our on-line programming, we partnered with Self-management BC (Chronic Pain online workshops); Indian Residential School Survivors Society (Indigenous focus Grief and Loss on-line); Lower Mainland Grief Recovery Society (Loss and grief on-line); and Frontier College (MFC conversation circles for women).

More partnerships and collaborations are in the discussion stages. After several consultations with REACH pharmacy, a formal partnership may develop to support the creation of a pharmacy at RISE, the new Community Health Centre. We also re-established communication with RayCam to discuss a new project involving Syrian and Indigenous communities. Through this strategic partnership, we hope to build a stronger connection between these populations. Discussions with Canadian Mental Health Association are expected to lead to a pilot project to imbed a vocational counsellor program into the Medical clinic. This project would support persons with Persistent Multiple Barriers (PPMB) status and support the work of the therapeutic waiting room in UPCC/Medical. We are also working with ResoSanté, a Francophone Health Network, to explore different Community Health Centre models for the French community and a collaborative agreement to participate in a pilot Cardiovascular Health Program (CHAP) targeted to French speakers will take place in the coming year.



DASHBOARD

DENTAL:

INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Total Visits	10,172	9,349	7,733	9,189	10,317	10,068
Panel Size (in past year)	2,952	2,732	2,627	2,865	2,988	3,605
# of Patients on Active Recall	1,078	1,069	1,555	1,553	1,574	1,647
Total # of Recall Visits	1,230	1,183	1,067	1,142	1,191	1,232
Subsidies granted to patients	\$235,155	\$246,764	\$305,714	\$366,875	\$427,993	\$456,493

UPCC:

INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Number of unique patients	-	-	-	-	-	1,323
Number of NON COVID visits	-	-	-	-	-	545
Number of COVID-related visits	-	-	-	-	-	778
Number of visits to a MRP	-	-	-	-	-	853
Number of visits to Nurses	-	-	-	-	-	1,074
Number of visits to SW	-	-	-	-	-	74

MEDICAL:

INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Physician Panel Size (D-74)	4,376	4,568	4,312	4,531	5,141	5,027
Total Appointments (D-82)	27,324	28,072	23,961	24,161	30,135	32,089
Physician Visits	21,593	21,786	18,603	19,379	21,738	20,755
Nurse Visits	4,845	4,945	3,962	2,814	6,150	7,951
Social Worker Visits	438	982	524	565	870	1,015
Counsellor Visits	448	359	872	1,069	1,377	2,049
New Patients (D-77)	649	554	441	531	801	457

MFC:

INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Service Contacts	19,097	17,975	16,148	18,055	16,353	14,678
Participants	2,444	2,589	2,333	2,382	928	909
# of Group Session	765	756	503	528	684	464

PHARMACY:

INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Caseload	No Data	2,480	2,547	3,132	4,410	5,107
Perscriptions Filled	20,796	18,547	20,048	33,740	51,067	58,817
Total Consultations	2,950	No Data	5,122	8,087	8,103	8,769

TREASURER AND FINANCE COMMITTEE REPORT



NEAL JENNINGS, CPA, CA

This has been an unusual, but financially strong, year for REACH. The COVID-19 pandemic hit in the last month of our fiscal year, bringing with

it reduced revenues from some departments, and more costs and stress to others. At the same time, REACH opened its Urgent and Primary Care Clinic (UPCC) just in time to help care for more of the community. As usual, the staff have handled this difficult time with grace, and continued to work towards the best outcomes for REACH's clients and community.

As a committee, we've kept our eye on the finances as the pandemic has unfolded. Thanks to the Canada Emergency Wage Subsidy, we were able to keep Dental staff on the payroll during the closure, and REACH's financial situation has remained strong.

Reflecting on the past fiscal year, REACH had another year of positive excess of revenues over expenses. As has been the case for the last few years, this was driven by yet another good year for Dental and Pharmacy, which both maintained their contribution towards the surplus. REACH has also started to receive improved government funding in the Medical department, though much of this funding is temporary and we continue to push for a permanent global funding model from the Ministry of Health.

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. The COVID-19 pandemic has been a good

reminder that well-managed reserve funds are a crucial part of fiscal management. The committee spent time this year, and is committed to spending more time in the coming year, determining the "right" amount of money to set aside for future rainy days. To that end, the Board passed a motion to increase our internally-restricted net assets, to ensure that REACH has the funds it needs to make ongoing capital investments as well as to pay staff and other contract costs in the event of an extreme funding loss. Fortunately, REACH did not have to use this fund this year, but it will be prudent to monitor our reserve funds to ensure we are prepared for any system shocks in the future.

In addition, the Board continues to review staff wages and benefits on an ongoing basis, and implemented an improved benefits package as of April 1, 2020. This will reduce the overall excess of revenues over expenses in future, but the Finance Committee is satisfied that REACH has the capacity to incur these additional costs.

On a personal note, this will be my last year as Treasurer of REACH, as I have recently moved out of the catchment area. I will continue to sit on the Finance Committee to support the incoming Treasurer. I've appreciated the opportunity to be a part of the REACH community over the last several years on the Board, and it's been a real pleasure getting to know so many of you! I want to thank the Finance Committee members Kylie Ellis, Jill Kelly, Piotr Majkowski, and Abbe Nielsen, as well as staff members Henry Yuen and Nicole LeMire, for all their commitment and effort through this year.

Neal Jennings, Treasurer



FINANCIAL STATEMENTS

CONDENSED STATEMENT OF REVENUES AND EXPENDITURES AND MEMBERS EQUITY FOR THE YEAR ENDED MARCH 31, 2020

Revenue		2020		2019
Medical Grants	\$	3,082,531	\$	2,907,848
Dental Fees		2,182,136		2,038,965
Pharmacy Sales		1,826,397		1,481,232
Multicultural Family Services		371,930		411,835
UPCC		823,705		-
PCN		110,968		-
Other		216,042		131,067
		8,613,709		6,970,947
Expenses				
Salaries and Benefits		5,708,267		4,582,081
Direct Services and Supplies		1,479,163		1,143,584
Administration		1,046,572		898,105
		8,234,002		6,623,770
Net Assets				
Net Revenue over Expenditures		379,707		347,177
Internally restricted for contingency purposes		1,400,433		500,433
Invested in property and equipment		1,308,102		1,860,925
Total Net Assets	\$	3,088,242	\$	2,708,535

COMMITTEE REPORTS

HUMAN RESOURCES COMMITTEE

Members: Una Walsh (Chair), Amanda Abrams, Bill Hood, Emma Macklem, Kylie Ellis, Nicole LeMire

The HR Committee has continued this year to provide advice and recommendations to the Board on the effective implementation and application of sound human resources policies and decisions. As such, after consultation with staff, the HR Committee recommended to the Board a revised and expanded Extended Health and Dental Benefit Plan. These improved plans were approved and implemented effective April 2020. The HR Committee has also continued to advise in the revision and updating of the Human Resources Manual. 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.

PROJECT PLANNING AND EVALUATION COMMITTEE (PPEC)

Members: Danielle Burch (Chair), Daniel Cook, Janette McIntosh, Nicole LeMire, Piotr Majkowski

This year, the PPEC focused on supporting development of an evaluation plan for the REACH UPCC. The REACH UPCC is the first in BC to be operated out of a Community Health Centre (CHC), which gives an opportunity to consider how CHC attributes are being addressed in this UPCC as a department of REACH. In addition to understanding the implementation and effectiveness of the UPCC, current emphasis is looking at the role of the REACH UPCC in the community during the COVID-19 public health emergency.

Guided by the REACH Strategic Plan and REACH Clinical Services Plan, the PPEC has continued discussions related to planned programming and delivery of health promotion programs for REACH and the broader community.

FUNDRAISING COMMITTEE

Members: Jane Turner (Chair), Emma Macklem, Janette McIntosh, Marian Dodds, Nicole LeMire

The committee decided this year that fundraising efforts would be made to reduce the mortgage held by Vancity on our building. Each million dollar reduction in mortgage will enable REACH to engage in new and needed outreach activities with members of the community.

To that end, the committee was going to ask for meetings with large funders, however, due to the COVID-19 pandemic, no such meetings took place.

The committee will plan an alternative strategy to achieve the goal of receiving large amounts from funders to help pay down our mortgage.

OUTREACH COMMITTEE

Members: Bill Hood (Chair), Alice Munro, Colleen Fuller, Daniel Cook, Malcolm Steinberg, Marian Dodds, Mike Ma, Modupeoluwa Ayodele, Nicole LeMire, Shari LaLiberte,

This year the Outreach Committee participated in the REACH “Ad-Hoc Committee on COVID”, and then established a new sub-committee on the Social Determinants of Health to continue this work and integrate some community members into the committee.

The Outreach Committee also oversaw the placement work of three students who assembled a database of important COVID resource information in many languages and constructed a “Mutual Aid Toolkit”. We also oversaw the construction of an online Listserv to communicate useful community health information.

Finally the Outreach Committee organized online meetings, including a public forum about the impact of COVID 19 (where the Mutual Aid Toolkit was discussed), a “Teach In” on the Social Determinants of Health, and regular committee meetings.



REACH HIGHLIGHTS



ORANGE SHIRT DAY/ INDIGENOUS EDUCATION

On Orange Shirt Day, REACH staff were reminded of why it's important to acknowledge the unresolved trauma still present in the Indigenous community. Thank you, Elder Gertie Pierre, for sharing your experiences at Residential Schools and your journey of healing.

PATRICIA FAREWELL

After 22 years of hard work and dedication, our MFC Manager, Patricia, retired from REACH. Thank you for everything you have done for the community and our programs.



FOODFIT PROGRAM IN PARTNERSHIP WITH A COMMUNITY

Our community partner, FoodFit supported 55 individuals during their 13 week healthy living program. The program combines hands-on cooking sessions and food-based activities with easy-to-understand nutrition information, group exercise, group goal-setting, and reflection!



REACH STAFF HOLIDAY PARTY

The REACH family enjoyed a festive night and celebrated our hard work over the past year!



UPCC CAREER FAIR

In preparation for the REACH UPCC opening, we held a series of career fairs. It was great to meet many talented applicants and having them on board!

INDIGENOUS SELF-IDENTIFICATION

REACH is committed to building an open and collaborative relationship with the Indigenous community. Indigenous Self Identification will assist in efforts to design and deliver more culturally sensitive programs and keeps us accountable to the community we serve.

INDIGENOUS SELF-IDENTIFICATION

A voluntary, confidential self-identification process for Indigenous patients and residents. Helping us to provide you and your family with care that feels safe.



EVERYONE IS ASKED - NO ASSUMPTIONS ARE MADE.
IF YOU HAVE ANY DEGREE OF INDIGENOUS ANCESTRY, YOU CAN SELF-IDENTIFY.
NO PROOF IS REQUIRED. IT IS PRIVATE AND CONFIDENTIAL.

HEALTH WORKSHOP

The REACH Multicultural Family Centre presented a free public presentation with Dr. Jerilynn Prior to discuss perimenopause, the variable time of changed experiences between premenopause and becoming menopausal.

SURVIVING AND THRIVING PERIMENOPAUSE*

*THE VARIABLE TIME OF CHANGED EXPERIENCES BETWEEN PREMENOPAUSE AND BECOMING MENOPAUSAL

Dr. JERILYNN PRIOR
PROFESSOR OF MEDICINE IN ENDOCRINOLOGY (EXPERT IN WOMEN'S GLANDS AND HORMONES) AT THE UNIVERSITY OF BRITISH COLUMBIA
FOUNDER OF THE CENTRE FOR MENSTRUAL CYCLE AND OVULATION RESEARCH (CEMCO)



REACH HIGHLIGHTS

UPCC OPENING CEREMONY WITH MINISTRY OF HEALTH

Government of BC official announcement. REACH Urgent and Primary Care Centre has officially opened on February 29th, 2020! "There was always incredible support and a belief that an urgent care centre would improve the health status of people in the community. Thanks to our partners and our collaborators, your endless support and advice helped make REACH UPCC a reality." - Nicole LeMire, REACH Executive Director



UPCC RENOVATIONS



UPCC SMUDGING



UPCC OPENING

PROGRAMS TO SUPPORT THE WELL-BEING OF INDIGENOUS PEOPLE

During pandemic with increased uncertainty and rapid change, it can be difficult to cope. To support the wellbeing of Indigenous Patients & Community Members, REACH has offered culturally-based programs to help.



UPCC PREPPING FOR COVID

Dr. Purdy, REACH's medical director prepares a response to the influx of patients coming in for COVID-19 testing and assessment for the Urgent and Primary Care Centre team.



LATIN GROUP

MFC continues to support a Latin American Men's Group, during pandemic by ensuring physical distancing. The group meets weekly to discuss health issues and share tips of how to cope with the "new normal", stress management and sharing similarities between cultural shock and quarantine.



FOOD SECURITY

According to a report done by BC Centre for Disease Control – Immunize BC, more than 1 in 10 households in BC is considered food insecure. To support the community and those most vulnerable during this time, REACH delivered some healthy food packages to those who needed it the most.

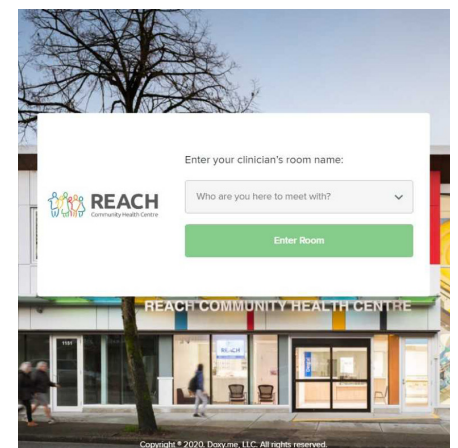


PHARMACY OPENS 7 DAY EXTENDED HOURS.

As of July 2nd, REACH Pharmacy is open 7-days a week with extended hours of operation.

MEDICAL OFFERS VIRTUAL CARE VISITS.

In June 2020, REACH Medical Clinic started providing virtual care visits to our patients. We believe all people deserve access to safe health care.



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