



# 2014-15

**see  
one**  
COMMUNITY

**25**  
YEARS

Part of our  
25th Anniversary  
Celebrations

London  
InterCommunity  
Health Centre

# See One Community

## By Holly Painter

### Written in honour of the London InterCommunity Health Centre’s 25th Anniversary Celebration

He wrote a poem about losing his home  
about his parents coming undone  
how they split at the seams  
he used to think a broken home was the worst kind  
now realizes at least when his family fell to pieces  
he had two houses he could sleep in  
two more than many  
perspective shift

Sitting stock still mid drive she was sirens blazing mad  
cursing under her breath the whole way home  
she texted a friend she said  
I just can’t take this traffic  
it’s hell driving to work and back  
if I have to do this one more day I might die  
she received a quick reply  
I doubt it  
be thankful for the house, the car, and the job you have  
there are many who would take your commute  
if it meant they got all those things too  
perspective shift

I met a woman once named Eve  
fitting because she spoke of both her fall  
and the dawn of her new beginning  
she was covered in tattoos  
yet told me she couldn’t buy groceries  
I asked about the artwork  
and her eyes filled with tears

she said for her  
it was either feeling release from a blade  
or the rush from the ink  
I realized buying survival  
doesn’t always look the way you’d think  
perspective shift

Now imagine if everyone had these moments  
shifts like gifts giving us new sets of eyes  
helping us leave behind old judgements  
and discard outdated assumptions  
like  
if he really wanted a job he would just get up and get one  
if she really was broke she should’ve just decided to have less kids  
if they really didn’t like the drugs they would just go ahead and quit

It’s not that simple

Have you ever tried to fight a demon you couldn’t see  
I can’t imagine what it’s like to battle homelessness, addiction, or poverty  
but I know it doesn’t help when those who don’t have to hold the swords  
go ahead and add preconceived notions to the war  
when did we get so heartless  
when did we stop seeing human beings  
and all the intersecting reasons why people fall off track

Because the man on the corner used to be a lawyer with a family  
addiction only came after getting painkillers for a back injury  
the woman in the food bank line has trouble keeping jobs  
‘cause she still dreams of being sixteen and getting assaulted by her boss  
and the family whose house is the worst on the street  
is starting life all over again in a new place that’s not under siege

Please  
put down your microscopes  
stop dissecting people who already have  
enough to deal with  
I’ll trade you for a kaleidoscope  
take a look around and you’ll see  
we’re all a bit in pieces  
but there’s a beautiful picture to be born  
if we come together and help those who need it

So see every person as a work of art  
not finished, polished, or gallery-ready but the in between  
the mess of creating a life  
isn’t always pretty but  
we’re all just works in progress  
the problem is  
some become canvases stretched so thin  
others look right through  
just brushed aside  
rather than viewed as a life  
that just needs some extra hands  
to be a masterpiece  
so what can we do  
but keep working to shift perspectives  
helping people see people  
helping people see people who are struggling  
but stronger than they are weak

I ask you  
what makes a city a community  
besides an extra few letters?  
I think it’s  
less concrete stares past those  
sitting on concrete stairs or sidewalks  
I think it’s  
seeing through real eyes  
that help us realize  
we all have things in common  
I think it’s  
less people asking for change  
because we have  
more people asking for change  
or better yet demanding it  
I think it’s  
choosing to see one community  
because this community is one big sea  
and none of us should be drowning

I know it takes a lot to change the world  
but we can all help play a part  
so everyone will stop looking with their eyes  
and begin seeing with their hearts



Photos taken at the 25th Anniversary Celebration by Rachel Lincoln



# Overview

Active Client Count <b>6,618</b>	Primary Care Clients <b>3,353</b>	Homeless Outreach Program Client Count <b>2,477</b>	Diabetes Program Client Count <b>743</b>
Number of different languages spoken by clients <b>41</b>	Number of different countries of origin reported by clients <b>124</b>	Clients who report living on an income under \$20,000 <b>2,907</b>	Number of volunteers <b>173</b>
Client face to face encounters <b>32,254</b>	Number of Staff <b>100</b>		

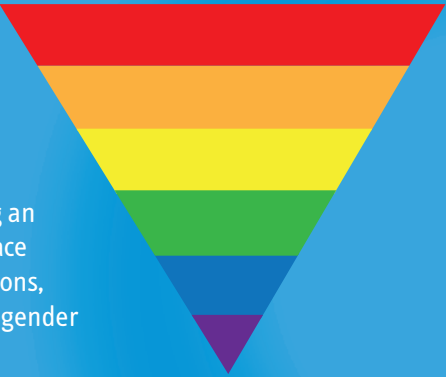
## Mission

We provide inclusive and equitable health and social services to those who experience barriers to care, and we foster the active participation of individuals and the communities we serve.

## Vision

Building opportunities for healthy and inclusive communities.

The Health Centre is committed to creating an inclusive and safe space for all sexual orientations, gender identities and gender expressions.



# Board of Directors

We thank the following individuals for lending their talents, time, expertise and passion to the Health Centre by serving on our Board of Directors:

Janet McAllister <small>BOARD CHAIR</small>	Michelle Hurtubise <small>EXECUTIVE DIRECTOR</small>
Steve Goodine <small>VICE CHAIR</small>	Nadine Wathen
Mark Denomy <small>TREASURER</small>	Naim Bateh
Anne Sawarna <small>SECRETARY</small>	Nellie VanLeeuwen
Bassam Lazar	Vala Gylfadottir
Harry Bhullar	Yvette Laforet-Fliesser
Krista Hawrylyshyn	
Kyle Cruz	

# Community Advisory Council

Anne Sawarna (Board Rep)  
Asha Mohamed  
Catherine Thibert  
Dennis Greason  
Irene Snake (in mentorship)  
Kyle Willenbacher  
Maria Forte  
Meg Pirie (in mentorship)  
Michael Courey  
Robert Newman  
Saeed Mokhtarzada  
Sardar Ahmad  
Susan Thompson  
Susan Henderson  
Zahra Jabbari

A look back: Our inaugural Board of Directors (left) and Shanthi Radcliffe (right), our first Executive Director, at the official opening of the Health Centre's Dundas Street location on January 9, 1990.





# Message From Executive Director and Board Chair

As Board Chair and Executive Director, we were delighted to celebrate with our clients, community partners, staff and funders, the TWENTY-FIFTH anniversary of the London InterCommunity Health Centre. While every year brings us something to celebrate, this year it was particularly gratifying to celebrate 25 years of growth and learning and to honour those who started us on this path in the mid-1980's. As you will see in our Annual Report this year, we took this special occasion to raise awareness about our organization in London, through the "See One Community" engagement strategy. This was a powerful opportunity to share the many successes of our clients and volunteers, as well as shine a light on some of their challenges. One of the most poignant moments in that campaign was standing on street corners during our "guerilla marketing" campaign and talking to people who shared their stories of living close to the edges of poverty and the precarious nature of their lives. It reinforced the importance of continuing our commitment to an advocacy strategy as part of our Strategic Plan.

As an organization, we are proud to advance work on what it means to be client and community driven. Last year we took on responsibility for services previously provided by a Family Health Team at the Salvation Army's Centre of Hope Shelter. Based on a planning process during which clients and staff worked together, we integrated these services into our Dundas Street location. Clients have also led the development of the "Health Outreach Activity Council" and have been transforming our services to be more client-led. They have been the powerful and primary voice in planning our new services that will include the introduction of peer support workers in our program for people who are homeless.

At the Board level, we reviewed what it means to be a Director in this day and age when the issues emerging and the decisions required are increasingly complex.

To this end, we have implemented a new model of working, under the framework of "generative governance". This framework brings together the traditional work of boards to consider the fiduciary and strategic responsibilities, with the broader question of "in service of what?" How does an issue that a board faces align with our values and how we see ourselves influencing broader community issues? We are new on this journey, and can already see a richer dialogue emerging from around the table.

As we close this celebration of 25 years, we look forward to what lies ahead. We completed our 2015-2018 Strategic Plan that builds on our past successes while moving boldly forward with our work in the community. Thank you for walking down the path with us – toward communities and neighbourhoods that are healthier and more inclusive. **We're grateful to be on this journey with you.**

MICHELLE HURTUBISE, EXECUTIVE DIRECTOR  
AND JANET McALLISTER, BOARD CHAIR

"I have many times been at the end of my rope with nowhere left to turn, only to find LIHC willing and able to assist, even after many other community programs/resources want or won't. They have made a large and lasting impact in my quality of life."

– 2014 Client Satisfaction Survey



## Continuing along the path – Strategic Plan 2015-2018

In 2010, the Health Centre undertook a visioning process that resulted in a Twenty Year Strategic Vision and a Three Year Strategic Plan.

Our new Strategic Plan builds upon the previous work. During the course of the next year we will also update our values. We look forward to sharing those with our stakeholders.

### Strategic Objectives 2015 – 2018:

<b>Service Delivery Model</b> Transition to a person-centred care model by engaging clients with complex needs in Coordinated Care Plans. Our model will guide the services that we deliver, our locations, facilities and partnerships	<b>Advocacy</b> Develop an advocacy strategy that strengthens our influence and guides our organization in supporting healthy public policy	<b>Funding</b> Examine the opportunity to lead and participate in cost sharing of services and programs to provide the "right care, at the right time, in the right place"
<b>Leadership</b> Support the professional development of staff so that each individual reaches his/her greatest potential	<b>Partnership Model</b> Build upon our partnership model to provide wrap around services that support the Coordinated Care Plans	<b>Technology Innovation</b> Leverage and evaluate the impact of mobile technologies to further support community based services for our clients



Our Staff

Full-time, part-time and contract staff employed by the London InterCommunity Health Centre from April 1, 2014 - March 31, 2015:

Aatika Imran  
Abby Miller-Nogueiras  
Adriana Castellanos  
Adriana Cimo  
Ahmad Alhout  
Aja Romilowych  
Alex Pollard  
Alyssa Banninga  
Amanda Topping  
Amir Saeidi  
Andrea Fisher  
Andrea Sereda  
Andrew Sharpe  
Angela Dawe  
Anne Bodkin  
Anne Finigan  
Anthoula Doumkou  
Aparna Kajenthira

Ayesha Sarathy  
Barb Schust-Lawrence  
Bogusia Pluchowski  
Brenda Craig  
Brianna Colenutt  
Brooke Noftle  
Cara Duquette  
Carol Wat  
Carolyn Beukeboom  
Cassandra Harris  
Cassie Fisher  
Clara Parra  
Clark Baldwin  
Colleen Smily  
Courtney Amoraal  
Danielle Carr  
Danielle VanMeppelen-Scheppink  
Dave Jansen  
Dawid Martyniak  
Dawn Marie Harris  
Dayna Cresswell  
Destini Millar  
Dharshi Lacey  
Diane Kooistra

Eileen Marion-Bellemare  
Elizabeth Sexton  
Erica Krieger  
Erin Williams  
Eva Oke  
Evelyn Agyem  
Fatemeh Sargolzaei  
Fatmata Tarawalley  
Greg Nash  
Henry Eastabrook  
Homa Salem  
Huma Alam  
Isabelle Nyiransengimana  
Jamie Harris  
Jason Pinylo  
Jennifer Dowsett  
Jennifer Rayner  
Jesse Huntus  
Joanne Veldhorst  
Julia Zhu  
Julie Balderston  
Julie MacKellar  
Justin Henry  
Justin Langille  
Karima Cassidy

Kashif Ahmed  
Ken Pham  
Kevin Murphy  
Lauren Malott  
Leanna Zeyl  
Lindsay Wilmot  
Livia Manser  
Liz Vanderhorst  
Lydia Hanna  
Lyn Pierre-Pitman  
Mandy Malone  
Marika Wamback  
Mary Gingerich  
Maxine Munroe  
Maya Wassie  
Meaghan Bolack  
Megan Cornwell  
Melanie Weaver  
Melissa Pemberton  
Mersija Nuric  
Michelle Hurtubise  
Minoo Khodaei  
Nick Scrivo  
Ola Lawal  
Olivia Grigg

Patrick Gruggen  
Patti Dupon-Martinez  
Rae Belcourt  
Rasa Roberts  
Robbie McLaughlin  
Russell Roth  
Sarah Davis  
Sarah Miletic  
Sarah Brennan  
Sarah Rice  
Shand Licorish  
Sharon Keith  
Shelly Happy  
Stephanie McCulligh  
Susan Hocking  
Susan Jurjevich  
Sylwia Frackowiak  
Tanya Moutsatsos  
Tanya Roldao  
Ted Town  
Tim Firth  
Tosha Densky  
Yamile Albarracin  
Yves Bureau  
Zachary Templeman



“The staff are so supportive and never make me feel like I am an outcast because of my past drug use.”

— 2014 Client Satisfaction Survey



# Seeing One Community – And Celebrating 25 Years of Dedicated Service

For our 25th anniversary we told the story of 25 years of positive community impact through simple and powerful narratives around community wellness, community building, and leadership and as such, invited the London community to choose to SEE ONE COMMUNITY.

The four-week campaign was launched with an interactive photo-journalistic website ([www.seeonecommunity.ca](http://www.seeonecommunity.ca)) that featured compelling stories of the Health Centre’s clients, leadership, staff, and advocacy efforts. Each week the campaign featured a new narrative/theme, which was designed to resonate with the larger London population and build brand awareness, while developing a community focused case for support.

The celebratory and highly compelling storytelling site shared content, photos and stories that voiced the Health

Centre’s invitation for Londoners to “see one community.” The stories opened a window into the lives of the Health Centre’s clients, staff and community members, humanizing their challenges and showcasing progressive, heartwarming and thought-provoking perspectives about how the Centre is moving health and wellness forward in the community.

In addition to the website, the campaign included:

### Art Installation

The Kingsmill family generously offered us the use of their Dundas Street facing window fronts for displaying a variety of art pieces created for the campaign.

### Street Promotion

Twice in October, 30 volunteers participated in a “guerrilla marketing” street style promotion. They were equipped with large signs that were designed to capture the interest of passersby.

### Anniversary Party

The event was held at the Goodwill Events Centre on Horton Street. Approximately 200 individuals attended the showcase of local talent. Harry Kuhn (Grit Uplifted), Ola Nowosad (Grit Uplifted Poetry Contest Winner), the Naahii Singers, Dynamic Dozen, and Holly Painter (spoken word artist) all performed. The event also featured interactive activities (splatter painting and magnetic poetry), hors d’oeuvres, and an art exhibit. Executive Director Michelle Hurtubise gave opening remarks, Board Chair Janet McAllister thanked participants and sponsors, and Deputy Premier Deb Matthews announced \$10 M in capital funding for the organization. We are grateful for the sponsorship of: Harrison Pensa, TD Canada Trust, Horizon Leadership, Lovers at Work Office Furniture, the Centre for Organizational Effectiveness and Platinum Leadership.

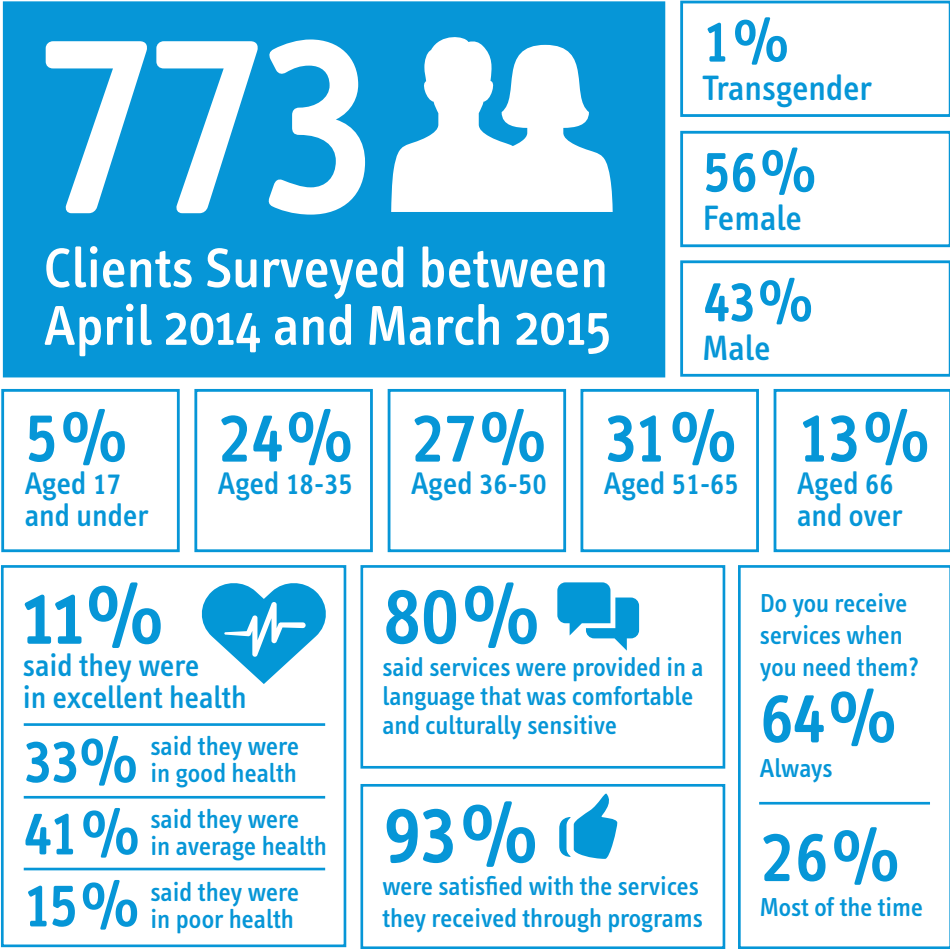


1,091 page views on first day (launch)	357 unique visits on first day (launch)	10,871 page views for entire campaign	4,233 user visits entire campaign	3,129 audience size visiting <a href="http://seeonecommunity.ca">seeonecommunity.ca</a>
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# Client Satisfaction 2014-15

More than 770 of our clients completed a client satisfaction survey this year. This was the largest number of surveys ever collected. Survey results were summarized and we're working to respond meaningfully to the themes that emerged from those we serve.



# We asked clients how we could improve

## 1 Physician and Nurse Practitioner access

- Get more doctors! It's horrible waiting 3-5 weeks to see doctors.
- Need on the spot service (walk ins).
- Don't transfer patients from one doctor to another.
- Don't make appointments when the doctor is not there...don't make mistakes when you make appointments.

### Our Response

The Health Centre experienced significant shortages and transitions in our Nurse Practitioner and Physician staffing. This was challenging for our clients as it meant that established client/provider relationships were disrupted, and they experienced longer wait times than usual. In response, the Health Centre focused on Nurse Practitioner and Physician recruitment and developed a coverage model between the remaining NPs and Physicians to ensure that clients needing a Physician/NP got access. Moreover, we continue to ensure that our providers work to full scope of practice thus leveraging our nurses, social worker and community workers for appointments that may not necessarily require a Physician.

## 2 Physical space

- Clean, sometimes room is dirty...
- The place needs to be cleaned daily - carpet removed, chairs wiped down, fresh paint...

### Our Response

The Health Centre is working with its cleaning service to improve the overall cleanliness of the building. We are requesting additional cleaning around the noon hour to ensure that the building is as clean for afternoon clients as it is for morning clients. Additionally, we contracted regular power washing of the sidewalk and brick at the front of our Dundas Street location.



## 3 Involvement in my own care

The Health Centre strives to meet a number of quality improvement expectations set by Quality Health Ontario that relate to client time spent with providers and client involvement in their own care. This year we did not meet our targets related to the following three questions:

Does your physician or nurse practitioner spend enough time with you?  
**QIP Target 92% / Survey result 81%**

Does your physician/nurse practitioner involve you as much as you want in decisions about care?  
**QIP Target 97% / Survey result 79%**

When you visit the Health Centre, are you given the opportunity to ask questions about treatment options?  
**QIP Target 90% / Survey result 81%**

### Our Response

In the next fiscal year we will be examining our "customer service" model to ensure we're building in appropriate time allowances for clients to ask questions and provide input into the available treatment options.



# 25 YEARS

Regional HIV/AIDS Connection • Cross Cultural Learners Centre • London CAReS  
 • Mission Services of London • Shanthi Radcliffe (first Executive Director) • Canadian  
 Mental Health Association (formerly WOTCH) • Sisters of St. Joseph Hospitality Centre  
 • John Gordon Home • NELCE (North East London Community Engagement) • John  
 Campbell (long term volunteer) • London Police Services • Middlesex – London  
 Health Unit • Youth Opportunities Unlimited • Deb Matthews, MPP • Richard Cook  
 (long time volunteer) • Southwest Ontario Aboriginal Health Access Centre  
 • Lorne Avenue Public School • WIL Employment Services • Daily Bread Program  
 Lucia Wong (former employee) • Family Services Thames Valley • London  
 Unemployment Help Centre • Neighbourhood Legal Services • Old East Village  
 Community Association • Dr. John Demarco (community dentist & volunteer)

We are grateful for the many individuals and organizations who have worked in partnership with the London InterCommunity Health Centre over the past twenty-five years. Thank you for helping us toward our vision of a healthier, more inclusive community. Thank you for choosing to [SEE ONE COMMUNITY](#).





## The Evolution of Hepatitis C Care



**In 2011, London InterCommunity Health Centre and the Regional HIV/AIDS Connection were funded to develop and implement a four person Hepatitis C Care Team.**

The goal of the Team was to address the needs of Londoners at risk for or living with Hepatitis C, at all stages of the disease. The target population included those persons at high risk of HCV infection due to drug use and experiencing barriers to mainstream health care access.

Fast forward three years and one is witness to exciting developments within the Team and phenomenal health outcomes for clients. These developments are due to both outside influence and an internal commitment to continuous quality improvement.

Following the departure of the founding Nurse Practitioner, the role was reassessed. Two part-time Registered Nurses were

instead hired to fill the role, ensuring continuity of nursing services during staff vacation or illness. The Nurses on the Team work to full scope of practice with medical directives that allow them to order blood work and request FibroScans® and abdominal ultrasounds – diagnostics that were previously ordered within the hospital setting.

Medical directives come from Dr. Mike Silverman, Chief of Infectious Disease at St. Joseph's Health Care, London. Dr. Silverman was eager to do community outreach as he understood that some of those infected with Hepatitis C were not accessing services through the hospital due to a variety of barriers. In the past, Dr. Silverman's Hepatitis C clinic show rate was approximately 50%. Now that the nursing staff are using a case management model and developing relationships with clients before their referral to Dr. Silverman, the show rate has improved to 85%.

In addition to the Nurses, clients are supported by a Social Worker, Outreach Worker, Peer Support Worker, community Pharmacist and consulting Psychiatrist. This Team works tightly together so that

clients move efficiently and seamlessly from screening, to diagnosis, to social support, to treatment. A process that could take years in other environments may now take only weeks.

One major external factor impacting client care and service provision was Health Canada's October 2014 approval of new Hepatitis C drugs that boast a >90% success rate. While past treatment options meant multiple pills and injections, horrendous side effects and up to 48 weeks of drug therapy, new medications offer a cure with as little as one pill a day for 8 weeks. This compressed timeframe allows clients to move forward more quickly with better health and more optimism for the future.

New medications don't eliminate the need for the Hepatitis C Care Team however. With treatment more accessible, even clients struggling with multiple challenges want a chance for a cure. These clients require more harm reduction education, more social and mental health supports and more opportunity to leave the environments that contributed to their initial infection. Multi-disciplinary care teams like this one are key to a reduction in Hepatitis C infection in even the most vulnerable populations.

## Fostering participation. Fostering hope.

**The first half of the Health Centre's mission, "...provide inclusive and equitable health and social services," often gets more emphasis than the second half, "foster the active participation of individuals and communities."**

However it is this second commitment that was stressed during the recent redesign of services for people who were homeless.

More than 100 individuals experiencing homelessness were asked to contribute to the service redesign through focus groups and surveys. Six individuals were engaged full-time throughout the process – working alongside staff, community partners, and facilitators to redesign health and social service delivery for those experiencing or at risk of homelessness in London.

One theme that frequently emerged throughout the redesign process was the desire for a sense of community. A strong sense of community was expected to boost morale among clients and increase their sense of being wanted, needed and valued.

And so it was, in mid 2014, that the Health Outreach Activity Council was born. This volunteer driven group, comprised of the individuals who participated in the service

redesign process, along with peers from the community, is a testament to the power of creating space for the people with lived experience who are on the receiving end of service delivery.

On the surface, the eight members of the Activity Council are event and activity planners. Neighbourhood clean ups, movie nights, barbecues, crafting activities, health information sessions and card games have all been initiated under their guidance. The drop in area of the Centre, which offers a safe space for people experiencing homelessness, is often abuzz with good natured competition, and awash with colourful artwork.

What is below the surface of this good cheer is even more substantial. Members of the Activity Council report wanting to take better

care of themselves so that they can honour their commitments to their volunteer roles and to the peers that they serve. They want to model "good" behaviour and speak out against anti-social behaviour in the Centre. Moreover, the members collectively claim responsibility for (and see their role in) creating a healthier, more inclusive community. They are leaders and role models and important partners in the delivery of health and social services for people who are homeless.

Health Centre staff must continue to seek ways in which our diverse groups of clients can shape and influence the provision of health care services. It's a significant cultural shift for the organization – one that directs us to create space for the creativity, resiliency and wisdom of those we serve.





# Cancer Screening – Examining “the numbers”

## Community Health Centres are built on a framework of disease prevention and health promotion.

Both our commitment to prevention and to continuous quality improvement came into focus in 2014/2015 through an examination of our cancer screening numbers.

Each year we report the percentage of clients offered breast cancer screening (mammography), cervical cancer screening (pap tests) and colorectal screening (fecal occult blood tests) to our funders. During the third quarter, we faced a significant gap between the number of pap tests we committed to offering (75% of eligible women) and the number we’d actually offered/delivered (60% of eligible women). Such a significant shortfall deserved close examination. Of course, the team was committed to meeting its targets for the funder, but more importantly, recognized that women in their care were not receiving the preventative screening deserved.

Our Systems Navigators started by conducting an in-depth chart review. This review revealed one explanation for the low numbers – inaccurate data entry in the electronic medical record (EMR). Following the fairly recent transition from

one EMR to another, some of the data had not translated correctly. Every applicable client record was reviewed to ensure that prior recommendations for paps, and paps performed, were noted appropriately. Yet problems with the chart were only a fraction of the picture. As of December 14, 2014, more than 940 women still had outstanding pap tests. What else was resulting in low numbers?

The Systems Navigators next began the process of reaching out to individual clients – first by phone and then by mail. All but 21 of the 940 women were contacted. Interpreters were arranged and appointments booked. The Medical Secretaries improved processes to ensure that client charts were flagged after each appointment to ensure that women were notified before their next pap was due.

Providers also examined their own assumptions and expectations around the women that they served. Did preventative care end up at the end of the list when a crisis was at hand? Did they sometimes assume a woman wouldn’t agree to a pap test if she had a history of trauma, sexual abuse or sexual assault? When we offered paps, through careful, sensitive engagement at the client’s pace, women with traumatic pasts or current crisis agreed to this test once trust was established with their provider. One woman who had not had any primary care in fifteen

years was diagnosed with stage four breast cancer after she indicated a “pull” in her arm during her exam. Others who did sex work and/or had a history of sexually violent relationships were able to ease into the test through multiple appointments with their nurse practitioner. Some women – newcomers to Canada – eagerly came into the Centre for testing not often offered in their own countries of origin.

The examination of factors leading to the lower numbers was an important process for us as a Health Centre. We didn’t hit our target of 75% for 2014/2015, but we did raise our number by 7% to 67%. However, the exercise reminded us to constantly check ourselves – our use of data, our internal processes, and our assumptions about the needs and wants of those we serve when it comes to their health and well-being. We care for people in crisis – but our care is not solely crisis care – we need to look at the long term. As a next step, we are looking at RN scope of practice. Some of our RNs have expressed interest in training for and performing pap tests as part of their nursing duties – this change would build some redundancy to the system – allowing paps to be performed even in the absence of other clinical providers.





## Our Valued Volunteers

Falan Ross	Deborah ndrews	Josephine Ayeni	Meg Pirie	Sardar Ahmed
Ali Catton	Denise Collins	Judy Maxwell	Megan Moss	Scott Maclean
Angela Rojo Martinez	Dennis Greason	Judy McIntyre	Mohammed Abdul- Karim	Sean Kernighan
Angelica Joy Martinez	Diane Bamford	Julia Yang	Myna Mackenzie	Sherine Fahmy
Ann Greaves	Diane Adams	Julie Idsinga	Nada Alsabab	Siti Habibah Jazila
Anne Sawarna	Donna Munro	Julie MacKaellar	Nadine Wathen	Skip Cole
Anthony Verberckmoes	Edersiri Udoh	Karen Hoffman	Naim Bateh	Sohyun Kang
Antoine Habumukiza	Eleida Mucino	Karima Aini	Nancy Wilson	Sophon Clarke Bailey
Asha Mohamed	Ellen Husk	Katharina Kiewiet	Necole Douglas	Stephanie Liscombe
Ashley Warnock	Gloria Connell	Katie Courtemanche	Neil Hamell	Steve Goodine
Asmaa Ahmed	Gord Johnson	Katrina McRobert	Nellie VanLeeuwen	Susan Thompson
Audrey Furmston	Hanya Al-Kurdi	Kelly McNeil	Nicole St. John	Susan Henderson
Bassam Lazar	Harry Bhullar	Krista Hawrylyshyn	Nikko Deangelis	Susan Gergich
Bernadine Crasto	Harry Kuhn	Kyla Aguila	Nimat Al-Obaydi	Susanna Walker-Stewart
Camille Le Hunt	Heather Stronghill	Kyle Cruz	Nohemy Garzon	Tara Didine
Carline Scoville	Heba Babiker	Kyle Willenbucher	Nora Telleria	Teresa Johnston
Carol Coulter	Helena Nimick	La Paw Kee	Obaid Samia	Theresa Pasquino
Caroll Halford	Henry Kooy	Mary Lannin Neevel	Olushola Adedayo	Udani Senaviratna
Carolyn Luistro-Innis	Hina Wahid	Dora Largo	Oresta Stephaniuk	Valgerdur Gylfadottir
Catherine Thilbert	Huma Rana	Laura Weaver	Paige Henderson	Victor Salazar
Charles Walendski	Ian Bailey	Laura Garcia	Patricia Gawrylash	Victoria Zuniga
Charles Innis	Irene Snake	Leah Blenkhorn	Phylis U'Ren	Vlad Deboveanu
Christie Michalk	Janakan Somsasudaram	Lia Tharby	Rebecca Smythe	William Fawcett
Cindy Machado	Janet McAllister	Lynn Devine	Rebecca Adkins	Wu Anise
Clint Ruffan	Jennie Platero	Maria Forte	Rita Martinez	Lavender Yang
Cole Flemister	Jerome Crasto	Marianne Diertens-Shaw	Rob Newman	Yasika Jarquin
Dagmar Stegelmann	Jessica Ellis	Marianne Pope	Robin Antone	Yasmin Jelle
Daire McClory	Jim Zeyl	Marijke Brown	Rojo Angela	Yedda He
Dalia Mashali	Jimmy Zhang	Mark Denomy	Rui Sun	Yvette Laforêt Fliesser
Dana Giboire	Joan Fernandez	Mary Malone	Saeed Mokhtarzada	Zahra Jabbari
Dana Gazda	Jodi Hegarty	MaryAnn Mallory	Sahar Atalla Mahmoud	Zakereh Taheri
Daniel Caplan	Joe Weis	Matt Lacelle	Saira Cekic	Hassan Zamrud
Deanna Fairban	Jonathan Henderson	May Abdulahad	Samia Obaid	Jin Zhengyi
Debbie Ouelette	Jose Quezada	May Li	Sarah Mungal	Tan Zhenni

## More than Bricks and Mortar – Capital Project 2017



**Since our inception, the London InterCommunity Health Centre has proudly occupied a space in the Old East Village.**

Our main location at 659 Dundas Street houses the majority of our staff and has been renovated to accommodate new staff and programming as we have expanded. Our last major building expansion occurred in 1999 when we added our programs and services for individuals experiencing homelessness. We have worked for many years with community partners and funders to develop a plan for a new primary space for the Health Centre and were grateful this year to announce the receipt of a grant for \$10.3 million toward this goal. The Honourable Deb Matthews was present to announce this funding at our 25th Anniversary Celebration – a wonderful way to celebrate our Silver Anniversary.

For more information on how you can give or get involved, please contact Diane Wiles at [dwiles@lihc.on.ca](mailto:dwiles@lihc.on.ca)

After a competitive bidding process with nearly 20 firms interested in working with us, we hired Architects Tillman Ruth Robinson to design a new space for us. We also know that in order to build a space that meets client and community needs, we will require additional funding. To support that work, we hired a Director of Development for the first time in our organization's history. Diane Wiles, CFRE, has joined

our organization and is in the process of building our fund development program to support our capital campaign, as well as our many programs and services.

The Health Centre is currently in the process of determining where we will be locating our newly designed facility. We hope that you will check our website and social media sites for updates as the work progresses.





# Statement of Financial Position

March 31, 2015, with comparative information for 2014

	2015	2014
<b>ASSETS</b>		
<b>Current assets:</b>		
Cash	\$ 491,016	\$ 359,205
Accounts receivable	162,727	525,583
Investments	2,468,231	400,621
Commodity taxes recoverable	95,001	93,451
Prepaid expenses	51,223	62,120
	3,268,198	1,440,980
Equipment and leasehold improvements	215,797	246,440
	\$ 3,483,995	\$ 1,687,420
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities:</b>		
Accounts payable and accruals	\$ 624,022	\$ 799,845
Deferred revenue, expenses of future periods	18,640	35,617
Due to funders	646,131	317,023
	1,288,793	1,152,485
Deferred contributions, equipment and leasehold improvements	1,741,686	246,440
Unrestricted net assets	453,516	288,495
	\$ 3,483,995	\$ 1,687,420

For a copy of our complete audited financial statements, please contact 519-660-0874 and ask to speak to the Finance Manager.

# Statement of Operations

Year ended March 31, 2015, with comparative information for 2014

	2015	2014
<b>Revenue (Schedule):</b>		
Ministry funding	\$ 8,567,971	\$ 7,437,539
Other program funding	455,883	541,872
Other income	390,424	219,587
Interest	4,630	621
Donations and fundraising	808	223
	9,419,716	8,199,842
<b>Expenses (Schedule):</b>		
Primary health wages	4,723,735	4,239,764
Benefits	1,181,878	1,093,963
Administration wages	792,048	771,650
Rent	466,819	378,770
Repairs and maintenance	158,894	141,598
Resources and materials	147,419	107,359
Amortization	44,938	156,754
Purchased services	142,274	175,366
Office expenses	123,290	106,093
Computer expenses	99,356	101,203
Telephone	96,900	82,113
Meeting expenses	89,045	64,543
Travel and transportation	85,799	81,062
Consultant fees	82,984	84,070
Translation	73,930	86,354
Legal and audit fees	67,621	28,751
Program materials	67,339	105,961
Insurance	57,401	32,765
Furniture and equipment	54,637	8,367
Staff development	50,763	56,186
Medical supplies	42,278	34,429
Memberships	24,209	12,715
Non-insured diagnostics	9,051	10,043
Recruitment	4,314	1,735
Board expenses	1,317	6,544
	8,788,239	7,968,158
Excess of revenue over expenses before the undernoted	631,477	231,684
Repayable to funders	466,456	244,024
Excess (deficiency) of revenue over expenses	\$165,021	\$ (12,340)





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London InterCommunity  
Health Centre



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The views and opinions expressed herein do not necessarily represent the official policies of the SW LHIN.