Annual Report 2017 - 2018







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 that we serve.

Vision

Building opportunities for healthy and inclusive communities.

Values

Social justice, equity, caring, inclusion and respect.

This year, the London InterCommunity Health Centre strengthened its commitment to health equity through a new board policy. The Alliance for Healthier Communities developed a Health Equity Charter, which the Health Centre has adapted, as a commitment to reduce health inequities by improving our own practices and challenging other institutions and the broader community.

Alliance for Healthier Communities -Health Equity Charter

We recognize that many health problems are not just medical or biological; they are caused by social conditions that affect access to resources and power. In our society, access to resources and power is often constrained by poverty, racism, sexism, homophobia, trans-phobia, ageism, able-ism and other forms of social exclusion, which are often interconnected. We particularly recognize the impact that racism has had - and continues to have on creating poverty, social exclusion and health inequity for racialized individuals and communities.



Client Overview



Active clients 9,484

Client interactions **55,331**

Clients with access to Primary Care **5,242**

Diabetes Program clients **1,250**

Health Outreach clients **1,063**

Transgender clients 229



Number of different languages spoken by clients **56**

Countries of origin **136**

Newcomer Clinic clients **1,157**

Seniors WrapAround Program clients **468**

Youth Program clients **553**



Clients who report living on an income of \$20,000 and under **7,721**

Clients living with mental illnesses **864**

Clients living with hepatitis C **568**

Health in Housing clients **173**

Integrated Program clients **229**

For many community initiatives, personal identification is not required. Therefore clients served by these programs are not reflected in the client overview numbers.

Board of Directors

Steve Goodine Board Chair

Nadine Wathen Vice Chair

Rob van der Westen **Treasurer**

Aisha Gbagba AnnaLise Trudell Gary Fowler Heather Lokko Neevita Rathee Vijay Venkatesan

Community Advisory Council

Catherine Thibert Carolyn Doyle Irene Snake Jean Bageire Meg Pirie Michael Courey Patrick Dunham Rob Newman Shamiram Zendo Yasmin Hussain

Reflections from the Board Chair

Gratitude: the quality of being thankful; readiness to show appreciation for and to return kindness.

As a Health Centre Board member, my gratitude for the team of professionals who provides high quality and compassionate care for our clients has never been stronger than it is now. Our community is facing significant health challenges and the role of our Health Centre is critical to address the complex needs of our most vulnerable.

The CHC model of care was recognized in the 2017 Ontario Auditor General's Report for its efficiency and effectiveness. Our primary care and wrap around services improve community health and wellbeing, and are valued components of progressive community initiatives.

The South West LHIN selected the Health Centre for an Inter Professional Collaboration (IPC) Growth contract to provide wrap around services to sole practitioners in East London as well as expanding our health services for newcomers at the Cross Cultural Learner Centre. The Health Centre was at the table during the development process of the Temporary Overdose Prevention Site and members of our team continue to provide support for clients with complex needs. We maintain that a permanent Supervised Consumption Site is a key component of the community Drug and Alcohol Strategy. Shelly Happy and Tosha Densky presented the Health In Housing Initiative at the Alliance for Healthier Communities conference in June, and reinforced the value of community development in health outcomes.

We have a strong team of leaders, practitioners,



community developers, volunteers and board members who have accomplished great things together. Dr. Andrea Sereda was recognized as one of Canada's top 40 under 40 by BNN Bloomberg for her work with the "Street Level Women at Risk" program. Mersija Nuric received the Brian Young award, which recognizes individuals who work to end abuse and neglect of older adults. Mersija was recognized for her ability to establish a positive rapport with her clients, supporting them as they move forward with an effective plan to improve their life circumstances. Scott Courtice chairs the Alliance Strategic Planning Committee to help develop health policy and advocate for the CHC model. As Board Chair and a retired police officer, I presented to 600 delegates at the Alliance conference on the value of harm reduction. There are many more examples of our team impacting community health and I am humbled by the dedication of our unsung heroes.

As I retire from the Board, I am grateful for the opportunity to have served the Health Centre and

govern an organization that positively impacts so many people. Thank you team for all you do and keep inspiring.



Steve Goodine, Board Chair

Remarks from the Executive Director

Our annual report is an opportunity to reflect on the successes of the past year, show appreciation for the contributions of our staff and community volunteers, and look to the year ahead. As we mark the end of another year, we have much to celebrate and reflect upon.

This past year, the Ministry of Health and Long-Term Care approved a proposal to expand our team. The expansion will allow us to serve more Government Assisted Refugees who are being welcomed into our community, and connect more people with complex health conditions who are receiving primary care from a non-team based primary care provider to our inter-disciplinary teams. This expansion is an investment in health equity, and we're pleased that the South West Local Health Integration Network worked closely with us to make this a reality. This investment is also a vote of confidence in the Health Centre's ability to improve the health and wellbeing of the people and communities that we serve, and a recognition of the skill and compassion that our teams provide for our clients each and every day.

Every member of our team contributes to the health and wellbeing of our clients, but I'd like to recognize two people who have said good-bye to the Health Centre this past year.

Dr. Jamie Harris retired from our Health Centre after serving the community for fourteen years. Jamie supported many of our most vulnerable clients, and did so with a quiet humility. His work was a testament to service to a cause that is larger than oneself, which is an inspiring trait that serves as a model for all who serve the public interest. On behalf of the entire Health Centre, I'd like to thank Jamie for his service. He will be deeply missed by our team and our clients.

Steve Goodine served as a volunteer on our Board of Directors for eight years, three years as chairperson. His tenure was during a period of significant growth and change for the Health Centre, his steady leadership has been a fundamental piece of the organization's success. He worked with his Board colleagues and the leadership team to integrate the Centre of Hope Family Health Team into our organization, stabilized the organization and conducted a search for a new leader after the departure of a long-serving Executive Director, helped successfully advocate to the LHIN for growth funding, and facilitated a scenario planning process that allowed us to anticipate and prepare for a change in provincial government. Steve has also been an effective advocate for the Community Health Centre sector, lobbying at Queen's Park for provincial priorities and frequently presenting at Alliance for Healthier Communities annual conferences. The Health Centre has been very fortunate to have Steve on our team. His service is greatly appreciated, and his leadership will be deeply missed.

I'd like to recognize and appreciate our Board of Directors and our Community Advisory Council for their wisdom and their passion for our mission and for the people and communities that we serve. It is rare for organizations to be blessed with such strong volunteer governors and advisors, and it is a strength that we recognize and nourish.

Finally, I'd like to recognize our Health Centre team of staff and volunteers. Our work continues to increase in complexity and intensity, and I'm consistently amazed by the grace, skill and caring you show to our clients. I'm also proud of the care you show for each other. The work is challenging, and is largely unseen and unknown by many Londoners. I appreciate all that you do, and thank-you for your continued public service. I am truly honoured to call you colleagues. This past year saw a change in provincial government. As with any changing of the guard a Queen's Park, the new government will usher in new ideas and new policy directions. Our fundamental purpose – to serve people who are marginalized



and face barriers to care - will remain steady and unchanged. A change in government can be unsettling, but it also presents opportunities. We'll approach this change with the confidence that our model of care gets results. We have an excellent story to tell, and we'll share it proudly and often as the new government sets its agenda.

It has been another exciting year, and I look forward to what lays ahead.

Scott Coutrice, Executive Director

Dedicated Staff April 1st, 2016 - March 31st, 2017

Scott Courtice Executive Director

Shilpa Aggarwal Evelyn Agyem Amina Al Rohani Huma Alam Ahmad Alhout Mary Baarbe Iulie Balderston Rae Belcourt Meaghan Bolack Lisa Bourgue Sarah Brennan Catherine Campbelllohnston **Deborah Canales** Karima Cassidy Adriana Cimo Brenda Collar Brenda Craig Candice Daigle Janice de Boer **Dustin Delegarde** Tosha Densky Lila Desjardine Adriana Diaz **Necole Douglas** Anthoula Doumkou Heather Dundas Diane Dymon Henry Eastabrook

loel Eckert Amy Farrell Cassandra Fisher Russ Francis lvoti Ghimire Mary Gingerich Shelly Happy Dawn-Marie Harris **Jamie Harris** Allison Henderson David Henderson Wes Heney leremy Hewitson Susan Hocking Lindsey Hoover Len Hughes Aatika Imran Shannon James Dave |ansen Roger Kabuya Sharon Keith lodie Kohut Diane Kooistra Linda Kowitz Erica Langille Clive (Shand) Licorish Richard MacDonagh Mandy Malone Stephanie McCulligh Bre McFarland Robbie McLaughlin Destini Millar

Cassidy Morris Sonia Muhimpundu Maxine Munro Greg Nash **Ray Newman Brooke Noftle** Mersija Nuric Isabelle Nyiransengimana Eva Oke Brandon Orr Clara Parra Sarah Patterson **Chelsea** Phelps Bogumila Pluchowski Alex Pollard Huma Rana Sarah Rice Ienna Richards Rasa Roberts Aja Romilowych Mike Rudland Amir Saeidi Homa Salem Avesha Sarathy Fatemeh Sargolzaei **Iennifer Sarkella** Barbara Schust-Lawrence Andrea Sereda Sameem Shah Meg Shannon Andrew Sharpe **Colleen Smily**

Charles Smith Norma Smith Ianelle Stewart Derek Straatsma Brandi Tapp Amanda Taylor Zachary Templeman Amanda Topping Ted Town Shannon Udall Michelle Underhill len Van Sas Liz Vander Horst Ashley Warnock Maya Wassie Carol Wat Melanie Weaver Hayley Wells Erin Williams Lindsay Wilmot Alejandro Zuluaga

Consulting and Specialty Services:

Omar Al-Azem Ruth Benn Desi Brownstone Yves Bureau Alison Marr John Pope Gulrukh Rextin

Highlights Through A Health Equity Framework

This year, as we developed new programs and services, we focused our strategies on addressing health inequities. We chose the Health Equity Charter as a framework to identify, name and confront inequity within the health system.

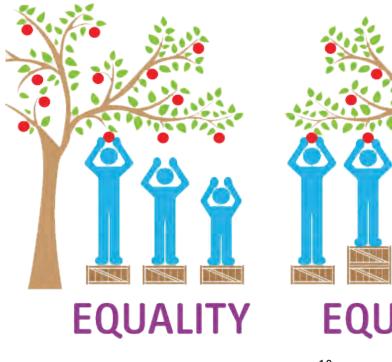
As outlined in the charter, we:

- Assigned priority to populations who have the greatest health needs
- Involved the communities served in the design and delivery of programs
- · Collaborated with health partners
- Ensured staff meet the linguistic and cultural needs of the diverse communities served

We examined populations that have the greatest health needs and the least access to services, and responded by developing strategies to connect with marginalized individuals.

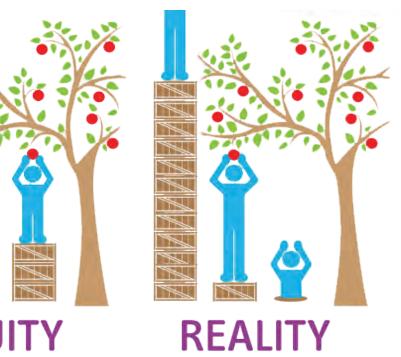
Many people who inject drugs and who are experiencing homelessness are also living with Hep C and/or HIV, or are at-risk of contracting these illnesses. In order to reach new marginalized populations, our **Hep C, MyCare and Options** teams organized community events, education sessions, support groups and a new volunteer program. The purpose of this strategy was to engage clients and build relationships with individuals within the community. These teams specifically focused on stabilizing individuals through addressing the social determinants of health to secure housing, food, transportation and resources. Once individuals had their basic needs met, screening, education and treatment was more attainable.

Mental health in older adults is often overlooked, when serving this population. As a strategy to support older adults with mental illnesses and complex chronic conditions, our **Seniors' WrapAround** team developed a new initiative. The Canadian Mental



Health Association became a key support to the client care team. The coordinated supports that the Seniors' WrapAround team provided, ensured a better quality of life and improved overall health of older adults in the community.

Many clients that we serve, especially those who are homeless or at risk of homelessness, are required to spend a significant portion of their day finding food, shelter, and security. Those individuals struggle to attend regularly scheduled appointments. They experience several barriers when attending



appointments because of limited access to watches, phones, and transportation. In order to serve these clients who require weekly services, we developed **Open Clinic** times. This provided an opportunity to serve individuals who would otherwise be missed through scheduled appointments. Within these set clinic times, clients accessed medical care within a window of time rather than a scheduled 30-minute appointment. Our goal was that Open Clinic times will provide our clients with improved access to the medical treatment and support by other providers.

We believe the voice, experiences and expertise of the people we serve is crucial in the design and delivery of our programs and services.

This year, through our **Health in Housing Initiative**, the Limberlost community played a large role in identifying their needs, recommending resources and developing strategies to address the poverty and stigma within their community. Using a community leadership model, residents of this neighbourhood were connected to each other and supported to develop community initiatives to address what they consider to be their priorities.

The reality of immigrating to a new country is a challenge for any newcomer. This transition is especially stressful for refugees who have experienced trauma. Many of these newly settled refugees continue to experience that trauma as they fear for their loved ones who are still back in their home country and continue to live in danger. This year, we supported refugees from the Yazidi community, a highly traumatized population, through our **Newcomers Clinic** and our **Women of the World Program**. We involved Yazidi women in the process of designing strategies to serve women, their families and their friends. Our programs and services were offered to them in ways and places where they were most comfortable. Refugees who are well supported through the settlement process in a new country are more likely to successfully integrate into the new community.

Our **Community Advisory Council** is comprised of residents from the neighbourhood, local business owners, clinical clients, program volunteers and people who reflect the diversity of the populations we serve. Each member provides feedback on our programs and services based on their skills, expertise and experiences. They shine the light on the social conditions that cause health inequities. This year, they have contributed to the further development of the Health Centre's harm reduction policy, capital planning, the Health in Housing Initiative, team work plans and the inter professional collaboration expansion. We are humbled by the voice of our clients and community, as they advised and challenged us to work differently.

New Programs and Services

- Diabetes Education Program (blind, deaf and deafblind community)
- Francophone Community Hub
- Good Food Box
- Enhanced Integrated Programs
- Healthy Families (families with low income and little children – ages 4 and younger)
- London Community Dental Alliance
- Smart Recovery
- Staff Symposium
- Trans Youth FEAT (Fitness activities and EATing well)
- Yazidi Community Building women community
- YES! Youth Empower
- Youth Cooking Program Train the Trainer
- Youth Circles

As part of our larger health equity strategy, we collaborate with health partners and the broader community to ensure equity as a goal.

For the first time, we developed a partnership between our **Diabetes Program** and the Canadian National Institute for the Blind. People from the deaf, blind and deafblind community are often very isolated and rarely receive health education. This partnership sparked a larger conversation within our organization in regards to accessibility and how our programs and services can be more accessible to this population.

Many French-speaking Canadians and newcomers experience language and cultural barriers when accessing health and social services. A new partnership, the **Francophone Hub,** was developed between eight organizations that offered services in French. The agencies delivered education and information, connected people to resources and referred individuals to

services. The availability of services in French had a large impact on the individuals within the Frenchspeaking community.

This year, our **Municipal Election** strategy addressed the social inequities that prevented people from becoming civically engaged and registering their voice and choice. We supported participation in the electoral process by working with internal and external groups and community partners to facilitate the identification, learning, and understanding of the key issues; strategic positioning of the issues with electoral candidates; and enabling increased client participation at all-candidates meetings, and at the polls.

The first point of contact clients have with us, can determine their ability to access our programs and

services. We are committed to ensuring staff meet the linguistic, cultural and other needs of the diverse communities we serve.

We introduced training strategies in regards to education around **Aboriginal Health**, **Youth Anti-Black Racism** and **Transgender Health**. Many of our clients experience barriers to care because of limited English

language skills. Our French Language Services plan affirmed our commitment to supporting our **French-speaking clients and those who speak languages other than English.** This year, 40% of our staff spoke more than one language and 20% of our staff had French language skills. This enhanced our capacity to connect to diverse communities.

We are grateful to have had the opportunity to serve our clients and continue to explore new innovative ways to implement health equity practices in our everyday work.

Student Placement Program

Over the past two years, the Health Centre has developed a new integrated framework and process for screening, supervising, and managing students through the leadership of two student placement coordinators. Students, regardless of discipline, are integrated into various areas of the Health Centre in interprofessional teams.

The Health Centre values the opportunity to strengthen relationships with educational institutions and to support the academic growth of future generations. Student placements

offer real world experiences and opportunities for students to put the theories and concepts they learn in the classroom into practice. Students gain valuable insights about organizational culture, and develop teamwork and leadership skills.

This year, students came from Athabasca University, Western University, Fanshawe College, King's University College, Brescia University College, University of Waterloo, Wilfrid Laurier University, and Pathways Skill Development. The Health Centre welcomed 28 students from the following areas of study: nurse practitioner, nursing, medical student, medical resident, dental hygiene, social work, social service worker, public health, office administration and community development. Students learn how the social determinants of health affect the health and well-being of individuals and the broader community. Educational institutions looking for a unique experience for their students reach out to the Health Centre as more students recognize the value of a community health framework and the

larger societal impact of working from a community-based approach to healthcare.

The Health Centre benefits from the skills the students bring and the expanded services that can be offered with their assistance. Students support us with programming,

provide medical care, offer counseling, develop evaluation frameworks, and facilitate community development initiatives.

Four students have been hired as Health Centre employees! We are grateful for the opportunity to work with students and appreciate all they offer to the organization, to the community, and to our clients.

"This placement has allowed me the experiences and environment to learn in order to be job ready. I've gained an abundance of confidence. This experience has allowed me to realize that I have so much to offer and that I enjoy helping others!" -Student



Inter Professional Collaboration (IPC) Expansion

The Ministry of Health and Long-Term Care have made efforts over the years to expand collaborative team-based care in primary health care to better meet the needs of people and improve overall health outcomes. The Health Centre originally piloted a program named People in Need of Teams (PINOT) to provide team-based care to people whose physicians were not in a team-based setting. The success of this program allowed for the Health Centre to submit a proposal this year, to the Ministry of Health and Long-Term Care, to expand our team.

The proposal identified East London as a neighbourhood with the greatest health needs, as they experience many barriers to accessing health care. A second need was identified through our Newcomers Clinic, a partnership with the Cross Cultural Learners Centre, to expand our capacity to serve newly arrived refugees by providing timely access to primary care.

In the spring, the funding was approved for the IPC expansion and the Health Centre received a 1.3 million dollar increase to our base budget. The IPC expansion is a collaboration of physicians, community services, and research groups who all share the objective to improve client care through integrated team-based supports.

To ensure the success of our work, we will be working

How does the IPC expansion improve the health and well-being of people living in London?

- Increased access to team-based care for East London
- Greater access to mental health supports
- Better access to primary care for government assisted refugees
- Added supports in system navigation, foot care, respiratory therapy and psychology
- Innovative partnerships to better serve Londoners at their physician's office

with a research team on a quality improvement plan, which will be informed by client feedback and clients will be engaged throughout the process to ensure that their needs are being met in an equitable fashion.

The funding will be allocated to hire new staff, acquire resources and expand to a third site in East London. In addition, our Newcomer Clinic will extend its current hours.

The Health Centre is pleased to be serving more people in our community through primary care, health promotion and community development initiatives.

Volunteers - Generous, thoughful, inspiring!

Our volunteers are the heart of the Health Centre. Their meaningful contributions, and dedication to our clients and the communities we serve, is inspiring.

Health Centre Volunteer Programs

Board of Directors Client Survey Support Community Advisory Council Diabetes Program Grit Uplifted Health Outreach Activity Council North East London Community Engagement Old East Walking Group Program Ambassador Seniors' Drop-In Seniors' WrapAround Street Outreach Tai Chi Women of the World Youth Cooking Program



experience "Our volunteer has improved our sense of self-worth, connected us to others, opened doors for new opportunities and given us a voice in our own community. - Volunteers

This year, we developed two new volunteer programs that reach people living on the streets and vulnerable seniors:

NEW! Street Outreach Volunteer Program

The Street Outreach volunteers work with the Community Health and Harm Reduction Team. Through a relational engagement strategy they connect priority populations with health education, social services and community resources. The volunteers provide support to populations whose health is at risk due to multiple barriers. Through street level engagement they focus on community building, establishing rapport and connecting people to HIV/AIDS and hepatitis C treatment.

NEW! Seniors' WrapAround Volunteer Program

The Seniors' WrapAround (WA) Volunteer Program aims to provide and engage isolated senior clients in meaningful activities with a volunteer in the comfort of their own homes. The goal of the volunteer's role is to improve the clients' Wrap Around transition phase through ongoing support, engagement and advocacy for the senior client. The volunteers work together with the WA facilitator to plan health goals and to encourage continuous positive client outcomes. Over the past year, many seniors have proudly reported successfully achieving their goals.

145 Inspiring volunteers gifted 14,401 hours to the Health Centre and the community

Abbrielle (Abbi) Dobson Aleeza Dobson Allana Simon Allison DeBlaire Amber Lindstrom Angellica Vecchio Ann Greaves Annal ise Trudell Ashley Wren Asma Hussain Augustina Anukam Austin Heffernan Bernadine Crasto Brenda Corbett **Carol Coulter** CaroyIn Doyle **Cassidy Hipson** Catherin Sherwood Catherine Thilbert Christinna Flemister **Christopher Belyea** Cole Flemister Dana Giboire Dana Fl Saleh Debbie Austin Debbie Ouelette Deborah Andrews **Denise Collins** Diane Bamford Donna Munro Dina Elhenawy Devon James Elsi Portillo Eman Arnout Emily McDonald **Emily Nguyen** Erica Irumva

Fwa Sztachelska-Pikulska Fred Austin Gajanee Sivapatham Gary Fowler Gebremariam Woldemicael Gloria Connell Gord Brasier Gordon Johnston Hanadi Akkad Harry Kuhn Hayley Pocock Heather Lokko Heather Stronghill **Heidys** Contreras Henry Kooy Hilarv Stone Ian Bailev Irene Snake Ivy Tran Jai Ravipati Jayden Anderson-Johnston lean Bageire Jeanisa Fleary lennifer Hill Iennifer Vander Horst lerome Crasto lessica Ellis lose Quezada Judy Maxwell Judy McIntyre Julie Idsinga Kate **Zahnow** Karen Hoffman Karima Aini Kayla Mooney Kashif Syed Ahmed **Kendra Saunders**

Kexin Zeng Khulood Aldaoseri Kim Cresswell Kristy Jansen Krystle Soong Kwame Boakve Laura Weaver Leah Blenkhorn Leigh Hould Lia Tharby Lidia Soares Lila Maya logi Lisa Kent Lois Kelly Mara Guerrero Mackenzie Smallwood Madison Smith Maha Ahmed Maham Ahmed Mary-Ellen McKerlie Meg Pirie Melody Elsey Mike Courey **Mike Flemister** Mimi Garzon Misa Tanaka Modupeoluwa Olaiide Nada Alaidarous Nadege Termens Nadine Wathen Nancy Wilson Narges Sarbazi Naveen Ahmed Necole Douglas Neevita Rathee Norma Tamavo Olabisi Gbagba

Paul Bulter Paulina Reszka Patrick Dunham **Rachel Flemister Raphaelle Koerber** Razan Eid Rebecca Smythe Rita Martinez Rob Newman Rob Van Der Westen Robert Rogers Rose Machar Rouwaida Sahloul Sabrina Harris Saifennaser Essanussi Shamiram 7endo Shashi Sharma Shirley Little Simran Thind Stephanie Thorton Steve Goodine Susanne Walker-Stewart Susan Skelton Teresa lohnston Travis Senn Victor Salazar Vicky Frederick Vijay Venkatesan Wendy Liscomb Yasika Jarguin Yasmin Hussain **Zakereh** Taheri Zainab Thawer Zhengvi lin Zak Zia

Client Experience Survey n= 695

95% of clients said services were provided in a language that was comfortable and culturally sensitive

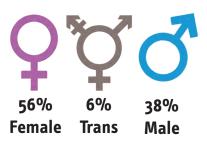
93% of clients feel safe and comfortable at the Health Centre

90% of clients felt their provider involved them in decisions about their care

How is your health?



27% of respondents were new to the Health Centre, having received care for less than 1 year



"It helps you to stay connected with people in your community and neighbourhood, learn from experiences and become a better survivor!" - Client "The professional staff members and quality of service help to improve my health and wellbeing." - Client

92% of clients reported their provider spent enough time with them

92% of clients receive services when they need them

91% of clients reported we have improved their health and well-being

Largest group of respondents were 51-65 years old

Funding, Accountability and Financial Performance

The Health Centre is a registered charity governed by an independent Board of Directors. Our operations are primarily funded through service agreements with the following agencies:

- Ministry of Health and Long-Term Care, including the South West LHIN, the Hepatitis C Secretariat and the AIDS Bureau
- Ministry of Children and Youth Services
- Public Health Agency of Canada
- United Way Elgin Middlesex

Audited Financial Statements

Our financial statements are examined annually by an independent auditor and can be viewed on our web site at the following address:

http://lihc.on.ca/accountability-and-qjp/

A hard copy of our audited financial statements can be obtained by contacting our Finance Department as follows:

> London InterCommunity Health Centre Attn: Financial Controller 655 Dundas Street London, ON N5W 2Z1 Tel: (519) 660-0874

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Look for us on LinkedIn at **London InterCommunity Health Centre**

Front cover photo taken by Matthew VanderHorst

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