

Honouring the Past Celebrating the Present Looking to the Future



**2018-2019 Annual Report
30-year Retrospective Edition
(1989-2019)**

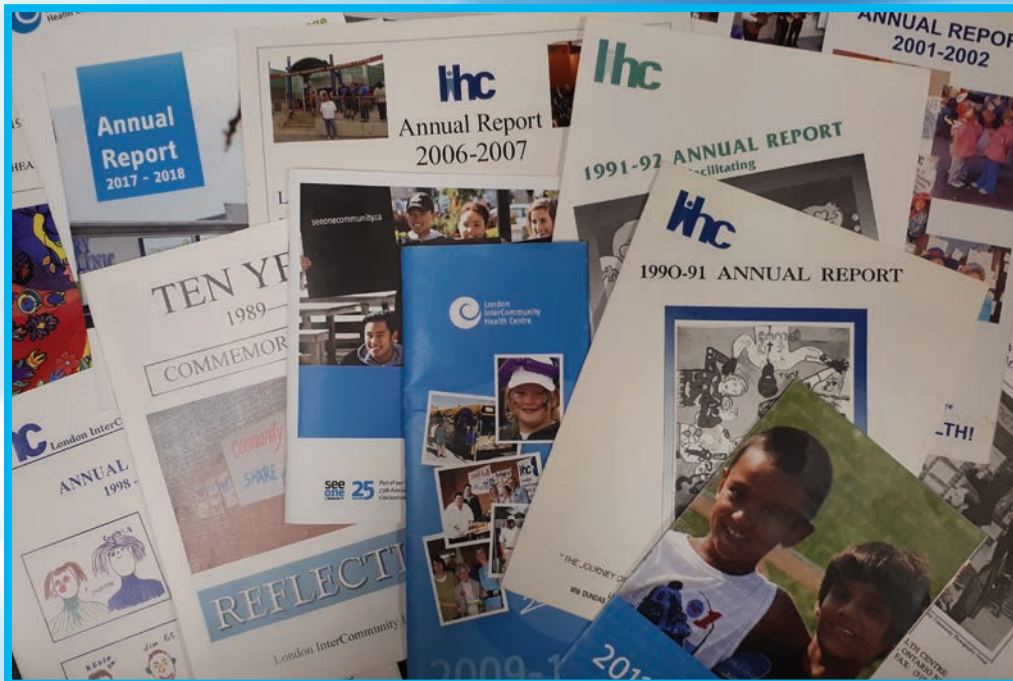
Every One Matters.

Annual Report, 2018-2019

We are excited to present this year's annual report! The London InterCommunity Health Centre is celebrating its 30-year anniversary and we've developed a special edition which includes a 30-year retrospective report. Celebrating 30 years is a big accomplishment and having the opportunity to capture the growth is a pleasure. This report showcases changes throughout the decades, focuses on our model of care, and demonstrates the important role of Community Health Centres throughout Ontario.

The theme of our celebrations is honouring our past, celebrating our present, and looking to the future. Thank you to everyone who collaborated on this report through contributing content, submitting reflections, and editing.

We hope you see your work reflected in this report whether you are a client, volunteer, staff, Board member, council member, community member, or funder. Through your contributions, the Health Centre has made a big impact on the health of our communities.



Before the Beginning...

It was 1990 when we opened the London InterCommunity Health Centre's doors for services; within a very short period of time we reached our capacity! There was no need for introduction, or promotion of our services. Many individuals and groups from communities of ethnic and linguistic diversity were eager to become part of the Health Centre. They quickly became our clients, our advisors, our volunteers, and our bridges to their communities.

It is important to acknowledge that this did not happen without the passionate work of many people. For three years, different teams of highly committed and skilled outreach workers explored many ethnic and linguistic communities enthusiastically, and with the fervor that new opportunities bring to committed people. They worked diligently, engaging and serving community members with true dedication.

Working in and with community has been a privilege. We began our journey being open to new cultures; we were invited in, and people shared with us generously. They trusted us with their stories, their traditions, dreams, hopes and desires, their experiences in the new country and new community. We listened attentively and learned from peoples' true stories. We were inspired by their strengths and

their resiliency.

We also encountered people who had become invisible and had lost their voices. Being among the newly arrived to our city, we learned what lack of equity looked like, about the devastating effects of poverty, of losing one's identity and power, and, especially, we learned about hope. The challenge for us was to remember the voices of the people who shared with us, and wisely use their creativity and energy to build with them services they needed.



We are grateful for the trust people extended to us, and for the learning we accomplished through talking to each other. Diversity of culture made our community rich. We learned! We were inspired by people's caring, and desire to belong and be recognized.

Thanks to all who were involved in the Seniors Project (1986-1990) and Immigrant Community Outreach (1987-1990) as staff, volunteers, supporters, and co-creators!

Anthoula Doumkou
Manager, Immigrant Community Outreach
1987-1990

Back to the Future

“What have you done?” asked a familiar elderly figure of the neighbourhood. He spoke more in sorrow than in anger, with a twinkle in his eye. We were at the ceremonial opening of the Health Centre., on Tuesday, January 9th, 1990, and the Provincial Minister of Health, Elinor Caplan, had just cut the ribbon. He spoke of the many years that had passed since he had been a regular patron of the Brass Rail Tavern, once the rockin’ heart of London visited by lovers of country music from far and near, and the birthplace of the careers of Ronnie Hawkins and Conway Twitty. We were actually standing in the former Pump Room, surrounded by what remained of the original Tavern, but determined that in its resurgence it would turn into something as memorable as it had once been, and as valued by its new community.



Nearly two years earlier, my colleague Marina Lundrigan and I had begun to dream of what seemed an unlikely and overly ambitious project, which indeed drew little reaction or interest from the people we tentatively shared it with. With no funding support, our kitchen tables did double duty as desks, sharing space with the carrots. In hindsight we realized that our instinctive sense of emerging opportunities was well founded and timely, but we had no concept of how long and hard the process would be.

It was both the best of times and the worst of times to start such a process. It was the time of Premier Peterson’s Provincial Council on Health Strategy, and Prime Minister Chrétien’s National Forum on Health. Fresh thinking was encouraged

at both levels, and the system of delivery of health care was under particular scrutiny under the microscope of input from communities, providers, and funders.

At the same time things were also changing beyond our shores, in ways that would impact us significantly. The turbulence in South East Asia and Africa brought us an influx of highly visible and diverse immigrants in culture, religion and



language, in contrast to their Western European predecessors, who were comparatively homogeneous in the similarity of their backgrounds.

From our own research we saw clearly and also demonstrably the paucity and complexity of services (un)available to rapidly expanding segments of our population. At about the same time we experienced the closures of our two large psychiatric hospitals in London and St. Thomas, and the dispersal of their patients to (largely mythical) community supports.

We knew that collaboration with the right institution would strengthen our work, provide better evidence for our model of care, and enhance our proposal. When we approached Dr. Bocking, who at the time was the Dean of Medicine at Western, he understood our concept right away. He was on-board with the idea and endorsed our work with excitement and encouragement. With his wisdom and expertise in family medicine, he played the pivotal role in turning our dream into a reality.

The federal ministry liked what they saw of

the foundational plan we produced. To obtain permanent funding we needed to engage the Provincial Ministry with original participatory research.

We left our kitchens behind sometime in our second year, (Hallelujah!) and through the generosity of Sheila Davenport acquired desk space at the London Urban Resource Centre. Here we acquired the very first purchase, a photocopier, of what could now possibly become a health centre. Our next location, for about a year, was the second floor above the Garage Restaurant, another city landmark, with the generous support of the proprietor, Chris Georgopoulos.

When the proposals written by our brilliant team began to bear fruit, we were able to move closer to our final destination, and then we were often to be found in a crimson velvet curtained booth of the Budapest restaurant (is there a theme emerging here?). It was here we discussed with the official from the Ministry of Health who came to visit, the governing principles and also the first configurations of our ideal Health Centre, drawn on paper napkins liberally splattered with goulash!

The final moment of affirmation of our work came with its endorsement and approval by the Thames Valley District Health Council, led by John Taylor. This concluded our nomadic trek of nearly 3 years, as we and the Ministry decided that the most appropriate location for the new health centre was 659 Dundas, based on demographics, the scarcity of resources in the area, and the support of the Health Council.

It was a heady feeling we all had that ceremonial opening day. A long nurtured vision becoming a reality, \$3 million in the bank, a splendid Board and an enthusiastic staff, what more did we need?

There is not a lot more to say, because all we worked for can be seen and is being demonstrated all around us on this day, 30 years later. Our first priorities on that day were to solidify our

strategic positioning in the community, create the recognition that underserved communities exist, engage and share with community partners.

As an organization, we developed a concept of collective creativity, combining work and fun, celebrating successes, but also strongly encouraging experimentation, recognizing that this often proved the best learning tool even if the first iteration occasionally fell short of the desired outcome.

As a Health Centre, you have grown and matured to a degree we hardly imagined could be accomplished in so short a time. We admire and congratulate you on your accomplishments. Your growth in maturity and relevance in our community is demonstrated by the two additional satellites reaching other underserved communities in the city, identifying new upcoming issues and developing coping strategies. The principles under which all Community Health Centres have always operated closely align with the current Ministry of Health approach to family health teams. Back to the future, indeed the future seems to be catching up with the past!

Both of us have been exhilarated by your success, and by what we have seen. Scott Courtice, on behalf of all of us “old timers”, whom you have made so welcome, we thank you and your staff for not only continuing the dream but adding so much of your distinctive touch to it. I think the brilliant motto encapsulates in the most simple yet expressive words what all of us believe: “EVERY ONE MATTERS”.

Thank you for all you do.

Dr. Douglas Bocking
Founding Board Chair, 1989

Shanthi Radcliffe
Founding Executive Director, 1989

Words of Wisdom from our Fearless Leaders

Celebrating the significant milestone of 30 years of community service provides an ideal time to reflect on the tremendous growth and change we have undergone as a Health Centre, but also on the many things that remain the same.

The core of our work remains serving communities that face barriers to accessing all of the opportunities that would allow them to achieve their best possible health and well-being. Our dedicated staff are health equity in action, and it is inspiring to see them create an

environment where our clients know they belong, know they will be heard and respected, and know that they will receive team-based care that improves their health and wellness.

Our 200+ volunteers reflect the best of us as individuals, and as a community; they contribute every day, and in innumerable ways, to making positive changes in the lives of our clients. Our volunteer Community Advisory Council challenges us to think outside the box and see the communities we serve from new perspectives, and our volunteer Board of Directors governs us through challenges and opportunities, ensuring that we pursue our Mission according to our Values.

We are grateful for our funders - their ongoing support and commitment to our Model of Health & Wellbeing allows us to offer our programs and

services to more individuals and communities.

Finally, we thank our many and varied partners - these collaborations and shared vision mean responsive, person-centred services and programs throughout London.



At the Health Centre, we pride ourselves on quickly adapting to the changing needs of the communities we serve. Over the past few years, we have been able to grow and sustain a number of important programs including:

- MyCare Program
- connecting highly vulnerable people to HIV treatment
- NewComer Clinic - growing from the need to support a large group of refugees from Syria in 2017, we now have a stable program supporting people newly arrived to Canada
- Trans Care - supporting our trans community
- Team Care - wrapping our team-based supports around people with complex health and social conditions who are receiving primary care from physicians in the broader community
- Emergency Safer Supply Program - an emergency response to the overdose crisis that supports those at the highest risk of death.

The current time is best seen as a period of transition. The introduction of Ontario Health Teams provides the challenge - and opportunity- to better integrate health and social services so people experience a coordinated continuum of

care responsive to the social and structural determinants of health impacting their lives. The opportunity to embed equity into all health care services is very exciting – in fact, we like to think that the broader system is finally catching up with how Community Health Centres have always approached care.

In this time of change, we need to be leaders and to ensure that addressing costly and unfair health inequities is at the forefront of system reform: if

we do this right, we should dramatically reduce the unjust and avoidable differences in health and wellness experienced by people who need it most.

Thank you to everyone who plays a role at the Health Centre as we continue to serve the community.

Nadine Wathen, Board Chair
Scott Courtice, Executive Director

The Trailblazers!

Since the doors have been opened, many communities, groups, and individuals have been served more effectively and more equitably, because of the commitment, dedication, and passion of staff.

For the past 30 years, many staff extended themselves beyond what at times seemed impossible, because they believed in something greater than themselves, and the established ways of working. While honouring “evidence-based” and “best practice” approaches and solutions, they recognized that new populations needed new, innovative and creative approaches. With true passion for equity and innovation, and without victimizing individuals, groups, or communities, they found creative ways to draw attention to needs as well as the resources of communities.

These staff committed to something greater than themselves. With great passion and dedication, they embarked on the journey of

finding creative solutions and traveled a few extra miles, often after regular working hours, and without much support to develop proposals, or to negotiate - often endlessly - until a funding partner was ready to step outside the box. The

accomplishments were worthy of awards, and have had the lasting power to the present time.

The staff stayed true to the mission of the Health Centre, while developing proposals and navigating the journey of “finding the money to do the work”.

They always remained true

to what the clients and communities needed, and continued discovering new ways of working with local, provincial, and federal funding sources in order to serve people.

We express our appreciation to the trailblazers, the innovators, and the fund developers over the past 30 years.

Anthoula Doumkou, Executive Advisor



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.

Mission Statement, 1989

The mission of the London InterCommunity Health Centre is to provide sensitive and equitable health services and specialty clinics with an emphasis on health education and promotion. The health centre services, in particular, clients experiencing difficulty in accessing appropriate services in south east London. The health care provided utilizes a multidisciplinary wholistic approach, encourages responsibility for self and is supported by a broad range of social and related services.



Board of Directors

Nadine Wathen
Board Chair

Rob van der Westen
Vice Chair

Vijay Venkatesan
Treasurer

Aisha Gbagba
AnnaLise Trudell
Heather Lokko
Neevita Rathee
Paul Levac
Tyler Harcourt

Community Advisory Council

Catherine Thibert
Irene Snake
Jean Bageire
Meg Pirie
Megan Paquette
Michael Courey
Nicole Turner
Rachael Skedgel

Rob Newman
Shamiram Zendo
Tosha Densky
Victor Salazar
Yasmin Hussain

Board of Directors, 1992



Back row: Warren Nielson, Cindy Harper, Hemali Kulatilaka, Brian Hennen.
Front row: Bill Margarett, Ethel Harper, Mary Dryden, Douglas Bocking,
Shanthi Radcliffe, Edith Davis, Sam Sussman, Sandra MacKenzie, Elrah
Robinson, Ray Jenkins. Missing: Mary Shamley and Lillian Bramwell

Dedicated Staff



Staff List, 2018-2019

Scott Courtice
Executive Director

Shilpa Aggarwal
Evelyn Agyem
Amina Al Rohani
Huma Alam
Ahmad Alhout
Biba Aris
Mary Baarbe
Julie Balderston
Julie Baumann
Taylor Bogden
Meaghan Bolack
Lisa Bourque
Sarah Brennan
Catherine Campbell-
Johnston

Deborah Canales
Karima Cassidy
Adriana Cimo
Brenda Craig
Mira Daher
Candice Daigle
Janice de Boer
Dustin Delegarde
Tosha Densky
Lila Desjardine
Adriana Diaz
Anthoula Doumkou
Heather Dundas
Diane Dymon
Henry Eastabrook
Joel Eckert
Omobola Fakomi
Amy Farrell
Kimisha Forden
Russ Francis
Iva Gavanski

Jyoti Ghimire
Mary Gingerich
Jeffery Goodall
Shelly Happy
Dawn-Marie Harris
Jamie Harris
Emily Harron
Allison Henderson
David Henderson
Jeremy Hewitson
Chandra Homewood
Lindsey Hoover
Len Hughes
Aatika Imran
Shannon James
Dave Jansen
Roger Kabuya
Sharon Keith
Ashley Killens
Jodie Kohut
Diane Kooistra

Linda Kowitz
Erica Langille
Clive (Shand) Licorish
Stephanie Longo
Richard MacDonagh
Beth Magda
Mandy Malone
Jessica Manzara
Stephanie McCulligh
Bre McFarland
Robbie McLaughlin
Destini Millar
Cassidy Morris
Sonia Muhimpundu
Maxine Munro
Greg Nash
Ray Newman
Brooke Nofle
Mersija Nuric
Isabelle
Nyiransengimana

Eva Oke
 Brandon Orr
 Kelly Pardy
 Clara Parra
 Pratik Patel
 Sarah Patterson
 Bogumila Pluchowski
 Alex Pollard
 Margarita Ramirez
 Huma Rana
 Sarah Rice
 Jenna Richards
 Rasa Roberts
 Aja Romilowych
 Mike Rudland
 Amir Saeidi Homa Salem

Anne-Marie Sanchez
 Ayesha Sarathy
 Fatemeh Sargolzaei
 Jennifer Sarkella
 Tyler Schlosser
 Barbara Schust-
 Lawrence
 Andrea Sereda
 Sameem Shah
 Meg Shannon
 Andrew Sharpe
 Alisha Smith
 Charles Smith
 Norma Smith
 Janelle Stewart
 Derek Straatsma

Brandi Tapp
 Amanda Taylor
 Amanda Topping
 Ted Town
 Dino Trtovac
 Maja Turkovic
 Michelle Underhill
 Jen Van Sas
 Liz Vander Horst
 Sean Warren
 Maya Wassie
 Carol Wat
 Melanie Weaver
 Hayley Wells
 Erin Williams
 Lindsay Wilmot

Kate Zahnow
 Alejandro Zuluaga

Consulting and Specialty Services:

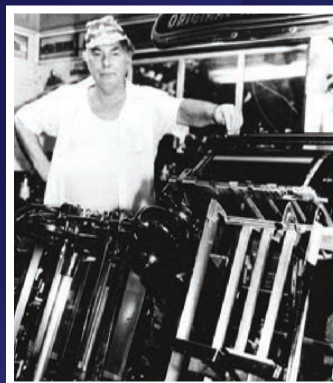
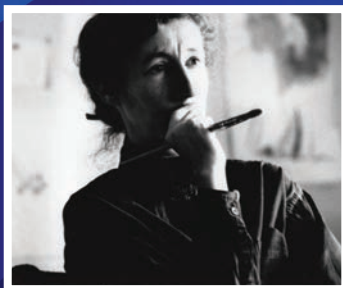
Ruth Benn
 Desi Brownstone
 Yves Bureau
 Joshua Lee
 John Pope
 Chevy Priyadamkol
 Gulrukh Rextin

Staff List, 1990 - 1991



Front Row: Scott Campbell, Trish Roche, Shanthi Radcliffe, Bhooma Bhayana, Joan Smith
 Second Row: Ulla Troughton, Levonty Kazarian, Noel Fadel, Wanda Sawicki, Ken Lee,
 Virginia Zoll, Anthoula Doumkou, Yolanda Villamor, Ferne Franks, Lucia Wong
 Missing: Razia Ali Hassan, Susan Hewitt

Picturing a Healthy Community



What do you like about our neighbourhood? Can you suggest a photograph that would describe what you like? These two questions were the basis of “Picturing a Healthy Community”, a participatory research initiative and photography exhibition launched in 1995. Partners included local residents, Beal High School Arts Department, the Centretown BIA (now the Old East Village BIA) and the London InterCommunity Health Centre.

Over a year, fourteen area residents interviewed neighbours and business owners and took photographs, which they later developed themselves. What emerged were images that reclaimed our history, reflected our neighbourhood identity, embraced local knowledge and wisdom, and profiled our gifts and skills. The photographs rebalanced negative stereotypes. They captured a vibrant, informed community with an interesting past, an understanding of its present, and a vision for its future. Interviewees and exhibition attendees called for the renewal of the business district, suggested initiatives to support children and seniors, and identified the importance of community mobilization and representation to access the resources required to implement the vision of the future.

The Picturing a Healthy Community initiative built upon previous community activism and set the stage for a renewal of the Old East Village that continues nearly twenty-five years later.

It was my pleasure to be a part of this neighbourhood initiative.

Sarah Merritt, Community Worker 1993-2000

The Client Experience

Client Overview

Active clients **10,134**

Client interactions
56,400

Clients with access to
Primary Care **5,294**

Diabetes Program
clients **1,178**

Health Outreach
clients **1,093**

Clients who report living
on an income of \$20,000
and under **6,688**

Transgender clients **202**

Number of different
languages spoken by
clients **37**

Countries of
origin **103**

Newcomer
Clinic clients **995**

Seniors WrapAround
Program clients **704**

Youth Program
clients **480**

Clients living with
mental illnesses **1,123**

Clients living with
hepatitis C **593**

Health in Housing
clients **107**

Integrated Program
clients **230**

Women of the World
Program clients **274**

“This clinic has helped myself and friends of mine beyond expectation and is almost always an amazing experience.” - Client



“I love this place. The centre has helped me get my life back.” - Client

92% of clients reported the Health Centre has improved their health and well-being.



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

83% of clients felt their provider involved them in decisions about their care.

83% of clients reported they are given the opportunity to ask questions about their treatment options.

89% of clients feel their needs are met by the Health Centre services/ programs.

An Economic Perspective

In the late eighties, a deep concern had arisen about the local economy. I was working for the City of London at the time as Economic Development Commissioner. The London City Council decided to do two positive things. First, they established an Economic Growth Strategy office to analyze economic trends and provide direction for local municipal efforts and, secondly, to provide funds to take initiatives to improve the local economic scene.

London has and had a strong healthcare science history from the creation of insulin treatments for diabetes to pioneering efforts in radiation treatment, to organ transplants, and more. So we found ourselves being convinced that the medical sector was one holding strong promise. Connected to this and other sectors were issues surrounding high technology. High-tech was a vital component of any economic effort around the globe. But the local perception was one of unawareness. Every time we would advance the importance in this area we were told to forget it.

However soon to emerge was an innovation of our Board to launch an annual MedTech show where local start ups and seasoned companies could meet and talk to one another about opportunities existing right here in London. The show was a success. It ran for many years. Perceptions began to change and London's leading medical role was acknowledged for presence and strength! With all of this going on, I got a call from Shanthi Radcliffe,

asking to meet with me.

Shanthi began to describe a whole other area of the medical system. She detailed the healthcare needs of the people who were falling through the cracks in our system. Her vision was to have a health centre for those whom society easily forgot.

At first, it would seem that this, while interesting, was not of concern to the advancing of our local economy. But I knew that potential industries were interested in more than tax rates, land costs, and available labour with suitable skills.



They were also interested in being part of communities which had a positive social climate. That meant they did not want to see the needs of the marginalized not being met. This was seen as a humanitarian problem, and also one affecting the image of the community and its corporations. It was seen to be better to be part of a community that had its act together.

Yes, a centre like that advocated by Shanthi was a perfect ingredient of a comprehensive economic development strategy. It was the kind of thing I could and did support. I joined the board. Now 30 years later the London InterCommunity Centre Health Centre is still benefiting Londoners as this fantastic Canadian city continues to grow and serve its people.

Ray Jenkins, 1991
Board Member, Finances

An Operations Perspective

The Health Centre has undergone significant changes over the last 30 years. The Health Centre began as one building with two corridors on the main floor. Gradually and consistently it grew, in both space and resources! We first expanded into the basement, slowly into the building next door, and now we serve clients in three separate locations, and wherever our clients are in the community. A great deal of work had gone into the well planned expansion.

Initially our systems were simple and managed by hand. We used one large book to track client appointments. Providers used paper charts for client record and there were only a few computers in the building! The fax machine was our main source of technology for sending information quickly to other agencies or offices. At the end of the day, it was typical to see charts piled on desks, which were then returned to two large rolling shelving units in reception. Many charts were so thick that it wasn't uncommon for one person to have several charts labeled as A, B and sometimes, even C!

Thirty years later, things are dramatically different. The Health Centre's budget is now over 10 million dollars. We have on-site maintenance, information technology support, data analysis, finance/payroll services and human resources. We are using our third electronic medical record software as well as our third accounting software. The old scheduling book has long been abandoned and the rolling chart shelves dismantled. Faxes are still being used but we now also have texting and email. Everyone has a computer and many staff have the ability to work

from home or from partnering agencies.

Our technology and resources have further grown to accommodate staff mobile needs with laptops and cell phones, to serve our clients in their homes, in the streets, and in the community. We have more room, more staff, more clients, and more diverse services. Our ability to use technology to connect us from a distance through videoconferencing has made the exchange of knowledge and information more accessible to clients and providers.



It has been an incredible journey and while so many things about our space and the tools we use in our everyday work have changed, our commitment to providing care to those who are the most vulnerable in our community remains strong.

Liz VanderHorst,
Operations Manager - Performance, Finance,
Information Systems and Infrastructure

A Community Developer's Perspective

For many, the term community development requires explanation. The challenge, of course, is that the explanation is fluid. As society changes, as communities change, so does the work of community development. In its 30 year history, community development at the Health Centre has evolved to respond to these changing needs and growing geographic and demographic demands.

At its core, the term involves supporting community members to work together to take collective action and generate solutions to

common issues. “Serving” the community is a misnomer – working alongside the community fosters the type of community-capacity building that underpins successful initiatives.

In 1994, the “Picturing a Healthy Community” initiative encouraged a visual representation of what people in Old East London found to be good, healthy, and promising, in their community, while providing skill development opportunities. A Health Plan was developed as a result, and direct service programs, such as the “Children’s Nutrition and Learning Project” were born. This was a multi-faceted 16-year investment in local children and families focused on wrap-around support, child development, adult education, intergenerational connections, and neighbourhood decision-making.

Over the years, community development involved advocacy efforts with residents to preserve the services and resources of our local library, Carson Branch Library, and community centre, Boyle Community Centre. Perhaps one of the most notable examples of advocacy was the ten+ year-long fight alongside residents and other community stakeholders to try to “Save Lorne Ave.” Public School.

As more attention and resources were directed into the Old East community to support revitalization, we worked with the local Business Improvement Area to build stronger networks between the business and residential communities.

We also supported the development of neighbourhood groups such as the Boyle Activity Council (BAC), and, with the expansion into the

northeast in 2007, North East London Community Engagement (NELCE), fostering community leadership and community ownership of the issues each unique community was facing.

With geographic expansion came the opportunity to further respond to community issues and population-based needs. Health surveys delivered in the North East and Old East identified a common theme – chronic illness challenges faced by a wide demographic, resulting in the development of various programs and services to address these issues, including chronic disease self-management.



Recognizing that not only neighbourhoods directly surrounding the Health Centre locations could benefit from community engagement and capacity-building, community development has expanded in recent years through the Health in Housing Initiative to five social housing complexes across the city of London, meeting residents where they were at, literally and figuratively, to assess health and well-being and to offer supports and services to better these outcomes.

The recent expansion to Argyle will also seek to build on the existing structures and relationships in East London to further social, economic, cultural, environmental, and political development. Alongside clinical care at the Health Centre, community development supports individuals, families, and communities as they strive to realize aspirations, satisfy needs, and cope with changing environments.

Shelly Happy,
Community Development Worker

A Physician's Perspective

I have worked as a primary care physician at the London InterCommunity Health Centre since January of 1993. I worked periodically as a locum physician beginning in 1991. What initially drew me to this incredible agency was my passion for multiculturalism, and a desire to assist marginalized newcomers to adapt to life in Canada by providing high quality health care in a comprehensive multidisciplinary setting. Our Centre is unique in the degree to which it is able to achieve this goal.

I recall performing Victim of Torture assessments on refugee claimants for local lawyers, and sharing with patients the happiness and relief they felt when outcomes were positive. I remember going to the home of a newly-arrived refugee family on a rainy Saturday one June with Dr. Bhayana. We immunized all 12 family members against an array of common illnesses. Today, the kids



from that family are prominent and successful London adults. One became a lawyer and has been a member of our Board! I recall actively using German with Somali patients who had lived in Germany prior to being granted asylum in Canada! (I always wondered why I had studied German in university.)

There are so many reasons why I continue to call this Health Centre my medical “home”. Although the work has often been and continues to be extremely challenging at times, it has greatly enriched my life and taught me much about world events and their implications.

The London InterCommunity Health Centre is a special place, with colleagues who are dedicated and passionate.

Brook Nofle,
Physician

The Brass Rail Tavern (current Dundas site)



Memories from Former Staff

Choosing the best memory from my years at the health centre is hard because there are too many wonderful memories to choose from.

As I reflect on my years of service as a social worker, I have to say that my journey at the health centre was one of the richest experiences of my career. A highlight of my time at the centre was being part of the development of the grassroots initiative for engaging the Latin-American community in London. The passion, dedication, creativity and love for community health was masterful. Being part of that process helped me understand the real meaning of collaboration and affirmative action.

Teamwork was effortless, inspiring and contagious. That investment of hard work soon became The Latin American Diabetes Program. The program was able to reach hundreds of Latinos suffering in silence due to many barriers that prevented them from accessing diabetes care.

When I reflect on the program's success, which includes many awards for innovation and excellence, it is very apparent that the real success can be attributed to the team's passion, dedication and commitment to client care.

It is also important to recognize the role of leadership in the success of the program, as there was a commitment to promote inclusion. They were able to tap and integrate many levels of expertise centre-wide. That was the winning formula and the reason why their work became leading edge in reaching and serving marginalized communities in Canada.

Patti Dupon
Social Worker, Diabetes Program 2001-2010
Team Lead, Mental Health Team 2010-2015

I shall be eternally grateful that I was able to spend the last 14 years of my Social Work career at L.I.H.C. It is a rare gift to be able to spend one's workdays in a place with dedicated, creative, fun and interesting colleagues; with clients whose lives and resilience were endlessly fascinating and inspiring; and where each day was meaningful and brought the opportunity (however small) to make a difference in someone's life.

Elizabeth Sexton
Social Worker, Health Outreach 2000-2014

When I started to work at the Health Centre there were only 12 employees. At lunch we would gather around a wooden table, that remained in the building from its days as the Brass Rail, share stories, and laugh. Oh how we laughed. Way before the Internet, Twitter etc.

On a more serious note, we would hear first hand stories about the survivors of wars and horrors in places like Rwanda and Burundi, just to name a few. I think the Health Centre made me who I am today, hopefully a non-judgmental accepting person. I am thankful for that.

Karen Laing
Registered Nurse 1992-2009

Establishing the Health Outreach for People who are Homeless program in 1998 together with Anthoula was a high point in my career. As we began the development, and later - with the support of our excellent team the implementation of this initiative, we remained committed to developing a service where clients felt accepted, safe, and reclaimed their integrity. Our approach was multidisciplinary, holistic and accessible, providing a safe and open space for everyone who came to us whatever their needs and circumstances were. Care was provided by a compassionate and highly skilled team that was able to see past the difficulties that our clients faced and work with them in a way that honoured their needs, and their lives.

Health Outreach offered a new and innovative approach to providing access to health care for people who were unable to gain entry to the health care system because of their circumstances and the barriers that they faced as a result of homelessness. People who are homeless live lives that are stressful and often chaotic; Health Outreach, the space and the team, provided respite and in the process, a community grew that was supportive and accepting, and gave many clients, besides the services they needed, a sense of belonging.

We worked hard and laughed often, had celebrations of all kinds and sadly, too often, mourned the loss of our community members. In the words of one of our most dedicated clients it was "an honour and a privilege" to be a part of this endeavor.

Kathy Gelinas
Clinical Nurse 1996-1998
Coordinator, Health Outreach 1998-2003

I have so many strong memories of my time working as a Social Worker at the LIHC. It was so exciting to be part of starting up so many new programs and ways of working: the homeless outreach project, the low-income dental project, helping people to get ID (including, strangely, LCBO ID), moving into the new space, receiving a donation of I-can't-remember-how-many-thousands-of-pairs-of-underwear from Jockey.

I cherish memories of the fierce and effective advocacy, the space to work creatively, the staff nights out, and the strength of the community members.

Tom Appleyard
Social Worker, Health Outreach 1998-2003

In the beginning, our clinic was established to assist our new immigrant population to access a whole spectrum of their health care and settling-in needs in a culturally sensitive way. Those were heady days of excitement and anticipation as we set up our clinics, developed our policies and proceeded to develop relationships with our new colleagues.

I'll never forget one of our first clients, a very elderly gentleman, who after intake examination required referral to a medical specialist. As a new nurse practitioner and anxious to make a good first impression, I'm certain I composed the longest, most detailed referral letter the specialist had ever received. On reflection, I would have liked to have seen his reaction as he delved into a whole page and a half of information.

Ferne Franks
Nurse Practitioner, 1990-2006

Growth and Accomplishments!



1989-1999



Social Trends

- The federal government, during a time of economic recession, unveiled a Five Year Plan for increased immigration. Canada saw an increase in immigrants from Eastern Asia and Central America.¹
- Due to economic restructuring and privatization, cutbacks to social welfare included family allowance, old age security and unemployment insurance benefits.²
- Between 1985-1999, a total of 45,534 Canadians tested positive for HIV infections.³
- A move away from “institutionalization” and more emphasis on community mental health services interventions.⁴



Milestones

1989-1990 On October 28th, 1989, four staff members receive an official funding announcement for 659 Dundas Street. The official opening was January 9th, 1990 with a special visit from the Minister of Health, Elinor Caplan.

1990-1991 The Health Centre received funding for anonymous HIV testing called the Options Clinic. One counselor was hired to offer testing and education to those at risk of being infected by HIV.

1994-1995 Picturing a Healthy Community - A community development initiative inspired the development of a health plan for the Old East London community.

1998-1999 The Health Outreach for People who are Homeless program was developed and funded. The funding supported renovations of the Dundas site, which expanded to the building next door, and seven staff were hired. Funding was also received for a Latin American Diabetes Program and an additional six staff were hired.

Resources Developed

Juggling Cultures with Youth; Across-Cultures/Across Generations; Culture, Health and You Training Resource and Videos; Culture, Health and Your Board Training Resource and Videos; Caregivers Support Resource and Video Project; and Listening Through the Wall: A School-

Based Anti-Racism Education Project Resources and Video.

New Services

The first services offered at the Health Centre were primary care, mental health supports, and diabetes education and self-management groups.

New Initiatives

- | | |
|---|--|
| • Arabic Men's Support | • Life Style Counseling |
| • Group Art Therapy | • Living Successful with Diabetes |
| • Bridging Cultures | • Men's Support Group |
| • Challenging Self Defeating Behaviors | • Multi-Cultural Women's Community Development Project |
| • Cambodian and Vietnamese Seniors Community Development Initiative | • Picturing a Healthy Community |
| • Cooking for Kids | • Polish Discussion Group |
| • Cross-Cultural Parenting | • Self-Esteem for Girls |
| • Culture, Conversation and Dance | • Seniors Drop-In |
| • Dental Clinic | • Seniors in Service - Volunteer Outreach |
| • ESL classes | • Soups for the Soul |
| • Friday Afternoon English Drop-In | • Tai Chi for Seniors |
| • Healing Touch | • Volunteer Greeting Program |
| • Healthy Community LTC Bus | • VON Foot Clinic |
| • Let's Discuss It | • Women of the World |

Social Trends

- Seniors 55 years and over make up 20% of Londoners. Aging baby boomers are increasingly needing human services and health services. Among recent immigrant seniors in London, 33% were living below the Low Income Cut Offs. ⁵
- City of London reports the median income for individuals living in North East London was 24-27,000\$ ⁶
- 14.9% of youth in North East London were not employed or in school (59% have disabilities, 38% are racialized. 15% are Indigenous). Later in 2012, the Ontario government introduced a \$20 million Youth Action Plan to address the roots of violence. ⁷



Milestones

2000-2001 The Health Centre successfully passed its first accreditation through Building a Healthier Organization. The Community Advisory Council was officially formed.

2002-2003

We began formally capturing the client experience through Client Satisfaction Surveys. Surveys were distributed to clients at the main reception desk and to program participants during regularly scheduled programs in the community.

2004-2005

The Health Centre received funding for an expansion of the Diabetes Program and hired six additional staff to serve several diverse cultural groups.

2006-2007

A second location was funded, designed, and built - the Huron Site. The Youth Outreach Worker Program was developed and funded. The Health Centre hired six outreach workers to serve youth in the North East. The first electronic medical records system was implemented called Purkinje. The North East London Community Engagement (NELCE) group was established and began to serve the needs of people living in North East London.

2008-2009

The Health Centre signed its first Multi-Sectoral Service Agreement with the South West LHINs. The Seniors'

WrapAround Program was developed and funded. The Health Centre hired five WrapAround facilitators to serve immigrant seniors and two WrapAround facilitators to serve Francophone seniors. The Francophone Community Development Program was established and one staff was hired. In addition, the Hepatitis C Program was developed and funded in partnership with Regional HIV/AIDS Connection. The Health Centre hired five staff to support those living with and at-risk of Hepatitis C.

Resource Developed

Cultural Dynamics and Chronic Illness Manual

New Initiatives

- Bhutanese Health Passport
- Boyle Activity Council
- Children's Nutrition and Learning Project (Apple Club, Balloons and Blankets, Cooking for Kids, Cooking with Kids, Gardening Club, Girl's Group, Weaving Generations Together)
- Families in Action - Latin Children Diabetes Program
- Heat and Warmth Program
- Immigrant Seniors Home Visiting Program
- Men's Woodworking Group
- Mindful Movement
- NE London Community Health Partnership
- North East London Community Health Fair
- Oral Health Program
- SHAC Afterschool Program
- Youth Programming (STEP, Youth Ski Program, Beats Youth Drop-In)
- Women Creating Communities

Social Trends

- In Canada, from 2007-2016 hepatitis C was the second most common primary diagnosis. Drug use, by injection, attributed to 54%-70% of hepatitis C infections.⁸
- In 2014, the London Trans Health Forum did not identify the Health Centre's programs or services as safe for the transgendered community.⁹
- In November 2015 about 2,065 Syrian refugees settled in London.¹⁰
- There were 235 newly HIV diagnosed cases from 2013 to 2017, in London¹¹



Milestones

2012-2013

The Health Centre embarked on a journey of transitioning to a second electronic medical record system called Nightingale on Demand. The Health Outreach Activity Council was formed. This program offers people who have experienced homelessness an opportunity to volunteer and give back to their community. They develop and implement health related programs for their peers.

2014-2015

The Health Centre grew with an additional health team of 8 staff initially positioned at Salvation Army Centre of Hope (Wellington site) and later merged with the Dundas site. The Health Centre developed a Trans Health Strategy which included staff training, policy revision, hiring a trans health community worker and the development of a Trans Health program.

2016-2017

MyCare (piloted a year prior) was developed and funded. This program serves people living with HIV and who experience barriers to accessing treatment.

Resources Developed

The Women of the World Program Manual; the Ethno- Racial Youth and Mother Mentorship Manual; Caregivers Support Manual (English, French, Spanish)

New Services

The Health Centre established a partnership with the Cross-Cultural Learner Centre and developed a Newcomer Clinic to support government sponsored refugees. A physiotherapist and physiotherapist assistant were hired to support individuals with chronic conditions.

New Initiatives

- Daily Integrated Programs
- Diabetes Education Program (blind, deaf and deafblind community)
- Discover your Possibilities
- Dynamic Dozen
- Ed Blake Park Development
- Ethno-Racial Youth Mentoring
- Gender Journeys
- Health in Housing Initiative
- Hepatitis C Social
- ID Clinic
- London Area Network of Substance Users
- London Community Dental Health Alliance
- OEV Community Exchange Project
- Peer Support Coaches
- Safer Drop-In Space
- See One Community Social Media Campaign
- See Me Photo Exhibit
- Street Level Women At Risk
- Smart Recovery
- Youth Programs (Summer Jobs for Youth, Yoga for Youth, Youth Community Kitchen, Youth Mental Health Awareness, Youth Circles Program, Stride and Glide, Going Bananas)



2018-2019

Managers Report



EQUIP: Research to Equip Health Care for Equity

Last year, the Board of Directors and the management team made a commitment to strengthen our practice of equity-oriented health care. On March 21st 2018, our Board of Directors endorsed The Health Equity Charter. Through the Charter, we committed to identify, name and confront inequities in our own practices and the broader community we serve.

Community Health Centres in general, are established to address needs of local populations. As the needs change, depending on the populations served, health centres have had to become more innovative in both understanding the needs, and in addressing them. Providers in Community Health Centres have practiced in a way that addresses the health determinants, engaging the client in a meaningful way in identifying the issues, and planning the interventions. Providers in Community Health Centres also appreciate that health inequities have negative impact on clients, including the care they receive. Health Centre providers know that care needs to be modified depending on the needs and resources clients have available to them. Addressing inequities means that we are called to serve different clients in different ways. Health equity means different things for different people.

In seeking to understand our clients experience of our Health Centre, and the services they received here, we have successfully engaged over 200 clients. The interviews were conducted by trained volunteers. Simultaneously, the leadership

team, and the Community Advisory Council have also contributed to the process. In the Spring, 81 staff members participated in a comprehensive 67-question survey that allowed them to share their experience in providing equitable care at the Health Centre and their ideas on how we can make our services more effective when it comes to health equity. It was inspiring to receive such authentic feedback as it demonstrates how committed our staff is to co-create a stronger Health Centre.

We interviewed over 200 clients with a client experience survey asking health equity questions.

The wealth of information received has given us a baseline and the ability to know where to prioritize our work in improving the environment and the culture for our staff, as well as the services for our clients. This process opened the door to a different kind of sharing of thoughts and ideas of staff and clients. This rich information will help inform multiple projects and strategies for the future. It is already informing the strategic plan and has resulted in some training sessions for staff and leadership.

In the spring, 81 staff members participated in a comprehensive survey on how to make services more effective.

Telus and PS Suites

In December 2018, we were among the first of 93 Community Health Centres to migrate our electronic medical records into a new software called Telus Practice Solutions Suite (PSS).

This was a project that encompassed six months of planning, validation and training. This migration touched almost every staff member in one way or another. This is our fourth medical charting system and this transition was particularly challenging because of our size and complexity. PSS was extensively

We migrated 10,000 active charts and created 300 customized fillable forms.



2018-2019

Managers Report



customized for Community Health Centres and Telus is actively working with the Alliance for Healthier Communities to meet our needs. All in all, we migrated 10,000 active charts, created 300 customized fillable forms, introduced electronic faxing and created a new process for internal referrals. We also have a new reporting tool to help us analyze our data so that we can report to our funders and more importantly, improve the way that we care for our clients.

InterProfessional Growth Team Care

Just over a year ago, the Ministry of Health and Long-Term Care announced funding for the expansion of the Health Centre's interprofessional care team with a focus on Advancing Access to Team-Based Care (now known as Team Care). Over this past year, the Health Centre was able to lease and develop a third site located in the heart of Argyle (1700 Dundas Street). The design of the Argyle site was based on the principle of Community Health Centres. In addition to clinical space, space was carved out for community development, health promotion workshops, and drop-ins.

We successfully fulfilled the vision of ensuring that the full model of health and wellbeing would be reflected at the new site. We have added to our team through the expansion a Nurse Practitioner, Registered Nurse, Foot Care Nurse, Physiotherapy Assistant, two Social Workers, a Respiratory Therapist, a Systems Navigator and we are in process of adding a Psychologist. Other providers already working out of

existing sites will also be expanding their services to support clients in the Argyle Community. This will include Youth Outreach Workers, Seniors' WrapAround Facilitators, a Community Development Worker, and Diabetes Educators.

It was important for the Health Centre to develop and grow Team Care with a focus on quality improvement and co-design.

The program has three advisory groups: a physician advisory group, a systems advisory group, and a client advisory group. Each advisory group provides feedback on how to continuously improve the program and help find solutions to challenges the program may be experiencing. This structure has allowed us to focus on areas that matter to our clients and the physicians using the program and we are so grateful for the commitment of our advisors. They are guiding us to strengthen the program so that the services our clients receive meet their needs.

We are in process of further engaging the community to develop programs and services that will benefit them. This expansion has allowed the Health Centre to open its doors to more people who have barriers accessing health care and we look forward to creating roots in the Argyle area.

Since April, 515 new clients are now a part of Team Care at our Argyle site.

We are collaborating with 71 physicians through Team Care and offering our programs and services to their clients.

There were 153 clients served during the first 7 month after launching the Francophone Hub.

Francophone Hub

The Health Centre is an identified health services provider for French Language Services (FLS). We thrive to meet the needs of the Francophone community through the development of initiatives in the following key areas: knowledge and awareness, FLS capacity, Francophone community engagement,



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and FLS integration and coordination.

This year, we are pleased to share that, based on the success of the pilot project, the Health Centre in partnership with Carrefour Communautaire Francophone de London has been able to secure permanent funding for the Regional Francophone Community Health and Social Services Hub (Francophone Hub).

Partners of the hub include Addiction Services of Thames Valley, Canadian Mental Health Association Middlesex, Entité de planification des services de santé en français, Érié St. Clair/Sud-Ouest, South West Local Health Integration Network, and Vanier Children's Services.

A new leadership role was funded to improve coordination among partners to support with service and program promotion, community outreach, health promotion workshops and activities, partnership accountability, new partnership development, and program evaluation. In collaboration, the partner agencies will develop a pathway for service for francophone individuals including coordinated service plans, especially when mental health issues prevail, so that the clients experience seamless services.

Emergency Safer Supply (ESS) Program

Three years ago, as a response to the opioid crisis, the Health Centre began supporting women involved in street level sex work in a unique way. Our physicians began to prescribe self-administered oral hydromorphone to clients who, for many reasons,

found opioid replacement therapy options ineffective.

There had also been an increase in overdose related deaths related to poisoned illicit drug supply. The Health Centre became a key partner in TOPS (Temporary Overdose Prevention Site). However more needed to be done.

The preliminary results of prescribing hydromorphone have shown positive client health outcomes and psycho-social impacts, therefore the Health Centre has decided to develop a model for the Emergency Safer Supply Program. As a core program within Health Outreach it will align with Health Canada's opioid crisis strategy.

An interdisciplinary team of staff have begun working on formalizing this program. This includes program overview, organizational alignment, program rational, partner identification, service delivery model, financial planning, human resources, communications strategy, risk management, and evaluation.

By offering hydromorphone, we are able to provide our clients with a safer supply of the medication they depend on. Providing a safer supply to those most vulnerable in our community reduces risk of overdose, poisoning, infectious disease transmission, and death.

As this work progresses, the Health Centre is looking forward to opportunities for expansion and increasing capacity to serve the overwhelming need in the community at this critical time.

At the Francophone Hub we organized 14 group sessions which resulted in 124 group interactions.

The ESS program has over 100 clients and there have been zero fatal overdoses.

The ESS program has a 95% retention rate and 100% of clients are engaged in primary care.



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Over 30 trans individuals were served through two series of 6-week diabetes education workshops.

253 new youth clients and 46 family members were connected to youth programs, services, and community resources.

Our OEV Community Exchange Project partner, Ontario SEO, was awarded a Techcellence Award for Community Engagement.

90% of our clients in our MyCare program were able to suppress their HIV viral load and 80% were housed.

Through our new Seniors' WrapAround Caregivers program, 161 caregivers, who care for elderly family members, were served.

Diabetes team has supported 1,178 clients at risk, living with pre-diabetes and diabetes, through more accessible service.

Over 2000 clients were served with mental health supports in groups and individual interactions.

More than 90 clients have finished the course of HCV treatment and more than 60 clients have started HCV treatment.

The Women of the World Program served 274 immigrant women and provided care for 411 children.

Approaches to Client Care

Work Outside the Box

I started at the Health Centre as a student in January 2012, eager to join an organization known to be leaders in the work with individuals who experience marginalization within our community.

During my interview panel, I was specifically asked by a physician what my opinion was on applying best practice guidelines. At the time, I had a hunch that though they are the gold standard for clinical care, a modified approach is often needed for individuals who don't have a mainstream life.

From the outset the front-line team championed serving those who face barriers. Working out-side-of-the-box to meet the needs of our clients, we've branched into the fringes of conventional primary care models, by applying philosophies from other disciplines such as anti-oppressive, trauma-informed and harm-reduction approaches—which are now considered standard of care. Trails from a traditional model of medicine lingered within our practice—to uphold autonomy as paramount and view client disengagement as a conscious choice to withdraw from care. At that time, we held on to the mantra of not working harder than the client, and many of our clinical encounters still interpreted interruptions in care as being related to the client's non-compliance and non-adherence, rather than a symptom of barriers.

As I reflect on the past seven years it's not entirely clear when the mentality shifted. I presume the seeds had been planted and generating long

before I started my career as a nurse. Much in the way a meadow transforms into a forest, one tree at a time, it has become apparent that on a whole we are asking questions differently: rather than settling for the client "must be disinterested", to asking what interests/needs are taking

priority over their health right now; and instead of presuming the client is "just disengaged," to asking what are the friction points in the system and structures of health care (even within our own walls) that are hindering engagement. We've taken things even farther by asking how can we offer services differently, and adapt our structures

and models to make them easily accessible and to promote engagement.

The growth at the Health Centre, in the past seven years alone, has been a little bit dizzying, and incredibly exciting. The team has responded to emerging community needs with creativity that has led us into new demographic and clinical frontiers. Our colleagues have risen as leaders on a local, provincial and sometimes national level with the Syrian and Yazidi response, infectious diseases treatment programs, provision of Trans Health care, our response to the opioid crisis, and delivering team-based care. Encouragingly, call it coincidence, or call it momentum, we have also found and joined forces with a growing number of community allies who are asking similar questions, inspiring us, rising with us, on this journey to try to provide health care in new ways, changing our entire health care milieu.

Karima Cassidy,
Registered Nurse



Never Give Up

Trust needs to be earned. We each come with our own complex histories of relationships with ourselves and with other people. In working with our clients who often also face the complexities of addiction, mental health issues, and marginalization, we try to slowly build trust and a relationship, and never a pressure to conform to what they “should” be doing.

Street outreach is about remembering someone’s name, being genuine, and kind, and putting yourself out there to be known, and to be a person they may think of when they need help or even just someone to talk to. Change can take a minute, a week, or years to happen, and often it is two steps forward and one step back.

Being a support means being there next to a client during all of those steps, and not judging where someone is. It also means “I am here to do this with you, not for you, because you are capable”. It’s about helping the people we work with to see that they deserve good things.

They deserve health care. They deserve respect. They are worth something, and even if they can’t see it, they have something to contribute to their community.

Richard MacDonagh
Options Program Coordinator

Destini Millar
Community Outreach Worker

Build Trusting Relationships

To visit a client in their own home is a privilege. To be invited into their personal space and to be trusted with their vulnerability is an honour. When a client invites us into their home, they relinquish their ability to slowly and gradually share about their life, their family, their circumstances, and their reality that is often very harsh. In return, we practice in a way that allows the client to exercise full power determining the dynamics of the relationship. Whether spoken or unspoken, we are guests in their home. They control the process, the duration of the visit, and whether or not we are invited back.



We recognize that a client’s culture, whether that is the culture of ethnicity, poverty, different abilities, sexuality, community,

and neighbourhood is a strong proponent in determining the relationship, the needs, the care plan, and access to resources. Honouring and understanding a client’s culture make it possible to establish a more positive relationship and create a care plan that works for them and that they can own.

We are very cognizant while we are in a person’s home of the fact that the client cannot control how much we see about their life. We make every effort to minimize their vulnerability. We manage the information we obtain there, with the dignity and respect the client and their family deserve.

Maintaining a relationship of service, that starts in a person’s home, is a well thought out approach. We reach out to the client on a regular basis to continue supporting them, to ensure that the plan we put in place is working

out for them and to create ongoing opportunities for the clients to voice concerns and needs, issues and challenges and new developments. The care plan is in a systematic way, evaluated and re-developed, always guided by the client.

The clients we serve are vulnerable to domestic violence, financial abuse, lack supports, have multiple chronic diseases, face eviction and so on. We can only begin to make a difference when the client is ready. We build the plan on the strengths and resources of the client. Often the initial process involves helping the client to recognize their readiness before developing a plan. This is our opportunity to connect with the client to improve their quality of life even starting with small steps.

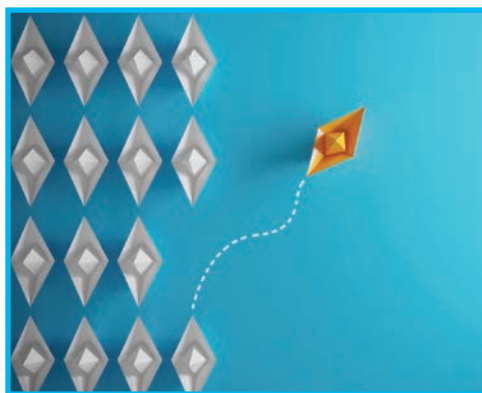
Clara Parra
Seniors' WrapAround
Facilitator

Be Innovative

The clients we care for experience unequal access to healthcare on a daily basis. Navigating the health care system provides unique challenges and complexities for them. At the Health Centre, our interdisciplinary team of providers ensures our clients get the care they deserve.

Many health and social services are usually beyond the reach of folks who live in poverty. These services are offered by professionals, many whom do not understand or have a full appreciation for the consequences of inequity. We will fail to bring about positive and meaningful outcomes for our clients if we are unable to see the reality of their lives: target values and treatment algorithms are of little consequence for a client who does not have access to food and safe shelter.

The unique care the Health Centre is able to offer its clients is due to a commitment to its core values, and an ongoing investment in strengthening financial and staffing resources. As well, primary care providers have the ability to provide care that takes into account all determinants of health. Our policies, management team, and staffing structure allows for care that is assertive and fully engaged. It also allows for innovation and attempting new approaches when the traditional practices don't work for our clients.



The providers are able to get to know their client's unique issues, concerns, and life history. They develop an understanding of the barriers the client is facing and have the freedom to develop care plans based on the client's strengths, needs, and circumstances -

beyond what is offered in mainstream practices. A commitment to this kind of care requires an approach that is both creative and innovative. For example, client appointments may take place on sidewalks and park benches.

Our team consistently tries to understand the complexities of the everyday reality many of our clients face. If my client is fearful of hospitals, we offer staff accompaniment. If my client is at risk of eviction, we offer secure permanent housing. If my client has poor access to food and basic needs, we offer to address these issues. We provide service in client's homes, in the community and at our clinics - the focus is always on the client's needs guiding the direction of the service.

We recognize that we have the power and the capability to make real and meaningful changes in the lives of our clients. We have the privilege to enter their lives when they are the most

vulnerable and very alone. And that is one of the things that makes the Health Centre profoundly important, and incredibly necessary in both this community and the city of London.

Brandi Tapp
Nurse Practitioner

See Hope and Potential

Community Caring for Community

Health Centre resident groups celebrate and strengthen the communities in which they live, work, and play. In East and Northeast London, volunteers serve as a forum for residents to voice concerns and issues. They seek to cultivate a strong sense of community pride and participation, provide opportunities for community leadership, and celebrate diversity. By way of events, programs, advocacy, and community development initiatives, residents in East and Northeast London share a collective voice and actions to positively influence decisions and shape the fabric of their and our communities.



The Health Centre is proud to support volunteer leaders from North East London Community Engagement (NELCE), Health Outreach Activity Council (HOAC), and the Boyle Activity Council

(BAC) as they create spaces and places where everyone in community can participate, be recognized for the gifts and talents, and have an opportunity to contribute. Caring communities are healthy communities.

Our Youth & Our Future

Every person has potential! Our youth's unique strengths and capabilities will determine their evolving story as well as define who they are and who they will become. All our

youth all have a desire to succeed, to explore the world around them, and to make themselves useful to others and their communities.

The language we use creates our reality! The language of hope can fill us with strength. Our perspective of reality for our youth needs to start with positive language and a growth mentality. This

growth will flourish in the context of authentic and healthy relationships. Our youth need to know they are cared for and supported to grow in confidence and comfort so that they journey with hope into a future of potential.

Greg Nash
Program Manager - Community Development,
Youth Outreach, Client Care Support, and Health Outreach

“Staff go out of their way to help. They know the clients and they reach out in meaningful ways” -Client

“I always feel comfortable talking to staff about my life experiences.” -Client

Amazing Volunteers!

Volunteer List, 2018-2019

Adriana Jimenez
Amy McKay
Angela Bambino
Ann Greaves
AnnaLise Trudell
Augustina Anukam
Benson Li
Bernadine Crasto
Blain Tapp
Britany Chang-Kit
Candice Lubick
Carol Coulter
Carol Loewith
Caroline Beaudoin
Catherin Sherwood
Catherine Thibert
Christinna Flemister
Cole Flemister
Dana Giboire
Dana El Saleh
Debbie Austin
Debbie Ouelette
Deborah Andrews
Denise Collins
Diane Bamford
Donna Munro
Dorisa Meng
Douglas Kisitu
Elizabeth Fluhrer
Elizabeth Grigg
Elsi Portillo
Eman Arnout
Erica Irumva
Ewa Sztachelska-Pikulska
Fjolla Marevci
Fred Austin
Gloria Connell
Gord Brasier
Gordon Johnston
Han Hoang
Hanadi Akkad
Harjeet Kaur

Harry Kuhn
Heather Lokko
Heather Stronghill
Henry Kooy
Ian Bailey
Irene Snake
Jayden Anderson-Johnston
Jean Bageire
Jemima Baada
Jennifer Flack
Jerome Crasto
Jessica Ellis
Jessica Black
Jose Quezada
Josie Small
Judith Maxwell
Judy McIntyre
Julie Idsinga
Karen Hoffman
Kashif Syed Ahmed
Kayla Mooney
Kendra Saunders
Khulood Aldaoseri
Kristy Jansen
Krystle Soong
Laura Weaver
Leah Marie Blenkhorn
Leanna Vanwynk
Leigh Hould
Leticia Tojer
Lia Tharby
Lidia Soares
Lila Maya Jogi
Linde Ding
Mackenzie Smallwood
Maneet Mondair
Mara Guerrero
Margaret Boos
Margaret Pickup
Maria Nohemy Garzon
Marica Toljan
Mary Freichs
Matthew VanderHorst
Meg Pirie
Megan Paquette

Mike Courey
Mike Flemister
Mike Rudland
Misa Tanaka
Modupe Ikenyei
Munira Sultana
Nada Alaidarous
Nadege Termens
Nadine Wathen
Nafiseh Dolatabadi
Nancy Wilson
Narges Sarbazi
Naveen Ahmed
Necole Douglas
Neevita Rathee
Nicole Turner
Nidhi Marulappa
Nirman Malge
Norma Tamayo
Olabisi Gbagba
Olivia D'Andrea Brooks
Paul Istasy
Paul Levac
Rachael Skedgel
Rachel Flemister
Razan Eid
Rebecca Smythe
Rebecca Erle
Rita Martinez
Rob Newman
Rob Van Der Westen
Robert Scavarelli

Robert Rogers
Roberta Mortley
Rosa Turcios
Rose Machar
Rouwaida Sahloul
Sabrina Harris
Sam Moshiri
Shamiram Zendo
Sharlaine Murga
Shashi Sharma
Shirley Little
Simran Thind
Steve Goodine
Subhan Shaikh
Susanne Walker-Stewart
Susan Skelton
Teresa Johnston
Therese Njoh
Tosha Densky
Tyler Harcourt
Victor Salazar
Vijay Venkatesan
Wendy Liscomb
Yasika Jarquin
Yasmin Hussain
Yazel Turner
Zainab Thawer
Zhengyi Jin

**In 1994, there were
184 volunteers!**



The Volunteer Experience

Volunteers perform various activities

- Facilitate peer support groups
- Develop programs that foster a sense of belonging
- Lead food security initiatives
- Advocate for systems change
- Create partnerships with other community groups
- Sit on committees and advisory councils
- Build participant capacity and leadership
- Support clients by making internal and external referrals
- Teach or share skills with other group members

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



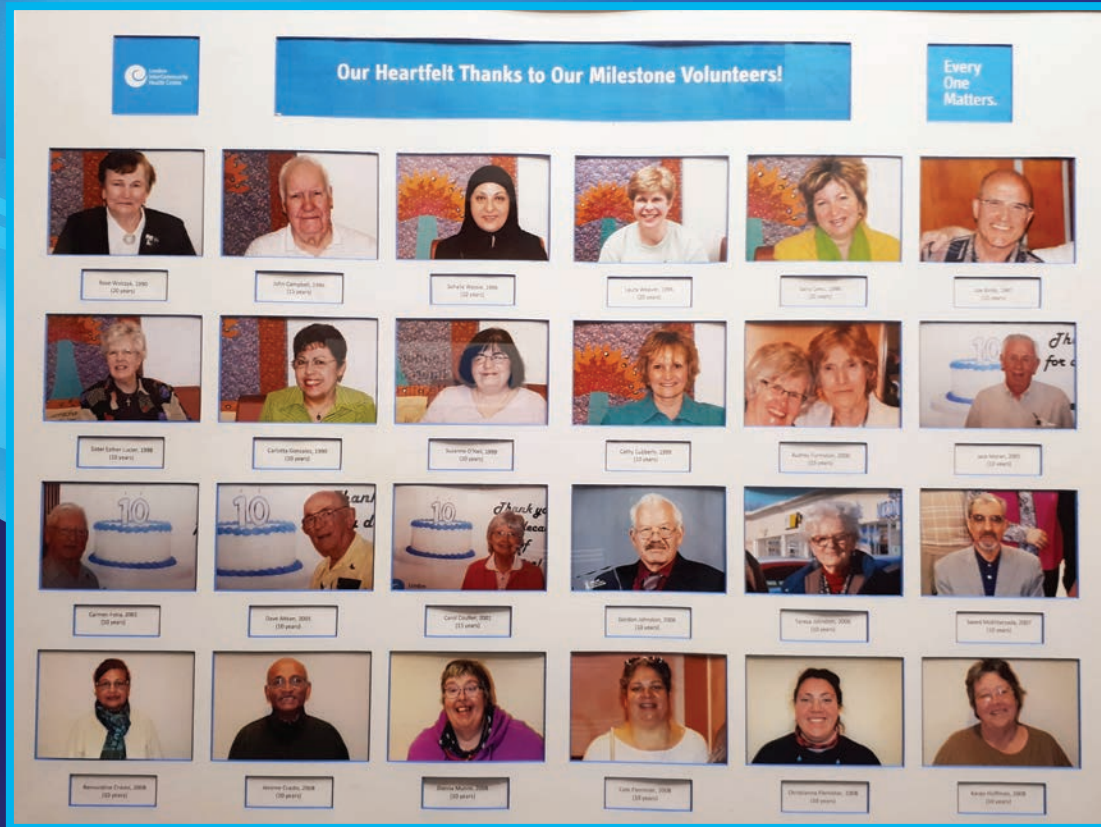
“The Health Centre is very inclusive of all volunteers in a truly genuine and strength-based way. The staff take the time to get to know the volunteers and to recognize the unique lived experiences we all have.” - Volunteer



The benefits to volunteering (according to the volunteers)

- Helping others and making a difference in the community
- Connecting with new people and working as a team
- Gaining new skills, experiences, and knowledge related to community health
- Improving overall personal health and wellbeing
- Exploring leadership opportunities

Milestone Volunteers!



20 years

Rose Wolczyk, 1990
Laura Weaver 1996
Saira Cekic, 1996

15 years

John Campebl, 1996
Sohaila Wassie, 1996
Joe Bindy, 1997

10 years

Sister Esther Lucier, 1998
Carlotta Gonzalez, 1999
Suzanne O'Neil, 1999
Cathy Cubberly, 1999
Audrey Furmston, 2000
Jack Moran, 2001
Carmen Fotia, 2001
Dave Aitken, 2001
Carol Coulter, 2001
Gordon Johnston, 2006
Teresa Johnston, 2006
Saeed Mokhtarzada, 2007
Bernandine Crasto, 2008
Jerome Crasto, 2008
Donna Munro, 2008
Cole Flemister, 2008
Christianna Flemister, 2008
Karen Hoffman, 2008

Thank you to everyone who impacts our work and helps us better serve our clients!

Staff

Thank you for the special gifts each one of you brings to work every day. This work is a vocation, not just an ordinary job. You are saving lives. You are working with people whose daily struggles can often seem insurmountable. You support people we serve to reclaim their voice, courage, and dignity. Collaboration is how real change happens. Dreams and ideas turn into realities with strong leaders around the table.

Partners

Thank you for sharing a vision of high quality client services and care. Together we developed and delivered care, programs, and resources to support our clients and community. Our commitment to always serve people better has fueled our work through challenging times. People who live in poverty, struggle with illness, and lack resources all have received better care because of how we work together as partners.

Clients

Thank you for entrusting us to serve you. You teach us what it means to be hopeful, determined, and resilient. You have shown us in the midst of chaos how to find the strength to overcome life's obstacles. As we walk beside you in your life journey, continue to shine your light in dark places. You inspire and energize us to live our belief that everyone matters and everyone deserves to live a healthy life. You are the heart of a Community Health Centre.

Volunteers

Thank you for your dedication to the people and communities we serve. Without you, many of our programs would not exist. You offer your time, energy, and skills through your contributions to our volunteer program. You reflect compassion, caring, patience, and kindness. Making a difference in the lives of others is one of the greatest gifts we can give each other.

Community

Thank you for inviting us into your neighbourhood and supporting us with your advice, encouragement, and partnerships. Your commitment to the neighborhood and to the people we serve has supported us to learn and become more responsive to needs while celebrating strengths. At times of change, you believed in us. Together we have been able to support community members as they build strong networks and vibrant communities - where they feel that they belong.

Community Advisory Council

Thank you for bringing the needs of the various communities you represent to the table. Your critical reflection challenges us to work in different ways. The feedback you offer on the development of programs and services is important in terms of offering client and community centered care. Thank you for volunteering your time and sharing your wisdom with us to benefit the people we serve.

Funders/Donors

Thank you for your generosity in financial contributions. You believe in us and the work we do. You support us in partnership to develop and resource new services that create a sense of belonging and build vibrant communities. You challenge us to meet high standards of quality care which our clients deserve.

Board Members

Thank you for your wisdom and guidance. Your vision of what our work could be and your commitment to make dreams happen contributed to us successfully reaching this milestone. Your hard work behind the scenes, making critical decisions, and providing strategic guidance have allowed us to achieve our mission. Your leadership has been a driving force in our growth and development.

In Memory Of Those We Have Lost

Our clients who have allowed us to walk beside them during their journey.

Our volunteers and students who supported our programs and services by meaningful engagement with the clients and the communities we serve.

Our staff who cared for our clients, were passionate about their work, and shared a common vision for equitable health and social services.

You have all touched our lives in many ways. You have shared with us your struggles, your pain, your hopes and your dreams. You will not be forgotten.

Funding, Accountability and Financial Performance

March 31, 2019

LONDON INTERCOMMUNITY HEALTH CENTRE

Statement of Financial Position


March 31, 2019, with comparative information for 2018

	2019	2018
Assets		
Current assets:		
Cash	\$ 3,551,021	\$ 224,594
Accounts receivable	33,149	31,480
Commodity taxes receivable	319,080	149,336
Investments (note 2)	136,243	2,823,970
Prepaid expenses	99,849	123,513
	<u>4,139,342</u>	<u>3,352,893</u>
Equipment and leasehold improvements (note 3)	551,981	268,351
	<u>\$ 4,691,323</u>	<u>\$ 3,621,244</u>

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accruals (note 4)	\$ 1,019,924	\$ 602,226
Payable to Ministry (note 7)	1,487,768	1,468,617
Deferred revenue, expenses of future periods (note 5)	-	3,978
Due to funders (note 6)	1,188,114	897,911
	<u>3,695,806</u>	<u>2,972,732</u>
Deferred contributions, equipment and leasehold improvements (note 7)	545,259	262,990
Unrestricted net assets (note 9)	450,258	385,522
Commitments (note 12)		
Contingency (note 13)		
	<u>\$ 4,691,323</u>	<u>\$ 3,621,244</u>

March 31, 1989

LONDON INTERCOMMUNITY HEALTH CENTRE	
BALANCE SHEET	
AS AT MARCH 31, 1989	
ASSETS	
CURRENT ASSETS	
Cash	\$ 16,997
Short term investments	<u>30,000</u>
	<u>\$ 46,997</u>
LIABILITIES AND ACCUMULATED SURPLUS	
CURRENT LIABILITIES	
Accounts payable	\$ 4,189
ACCUMULATED SURPLUS	<u>42,808</u>
	<u>\$ 46,997</u>
APPROVED ON BEHALF OF THE BOARD	
	

March 31, 2019

LONDON INTERCOMMUNITY HEALTH CENTRE

Statement of Operations

Year ended March 31, 2019, with comparative information for 2018

	2019	2018
Revenues (Schedule):		
Ministry funding	\$ 10,465,614	\$ 9,236,911
Other program funding	407,644	410,039
Other income	342,568	256,062
Interest	-	10,296
Donations and fundraising	59,764	10,319
	11,275,590	9,923,627
Expenses (Schedule):		
Primary health wages	6,642,581	6,067,671
Benefits	1,496,413	1,392,795
Rent	471,067	461,143
Translation	261,767	203,718
Purchased services	167,864	170,555
Resources and materials	154,204	168,279
Repairs and maintenance	153,233	155,017
Computer expenses	151,621	95,046
Amortization	116,733	113,333
Medical supplies	100,019	84,708
Telephone	98,658	100,334
Office expenses	92,932	57,852
Travel and transportation	88,790	81,443
Furniture and equipment	53,720	59,513
Insurance	48,512	60,087
Memberships	41,725	29,051
Staff development	40,317	25,509
Legal and audit fees	38,581	35,067
Consultant fees	31,451	104,063
Meeting expenses	26,281	20,519
Recruitment	22,052	12,190
Board expenses	8,530	4,636
	10,307,051	9,502,529
Excess of revenue over expenses before the undernoted	968,539	421,098
Repayable to funders	903,804	375,470
Excess of revenue over expenses	\$ 64,735	\$ 45,628

March 31, 1989

LONDON INTERCOMMUNITY HEALTH CENTRE

STATEMENT OF REVENUE AND ACCUMULATED SURPLUS

FOR THE PERIOD ENDED MARCH 31, 1989

REVENUE	
Community Health Programs Branch grants	\$ 79,828
EXPENSES	
Operating	
Salaries	16,776
Employee benefits	676
Office supplies	223
Rent	10,450
Repairs and maintenance	55
Telephone	345
Printing and photocopying	511
Postage and courier	132
Travel	771
Purchased services	281
Board	38
Health education programmes	25
Meeting	128
	30,411
Non-Recurring	
Renovations	300
Recruitment	3,889
Legal and accounting	2,420
	6,609
	37,020
EXCESS OF REVENUE OVER EXPENSES AND ACCUMULATED SURPLUS, END OF PERIOD	\$ 42,808

In Special Recognition

A true leader does not create followers, she inspires more leaders and together they make social change happen.

Anthoula Doumkou started working at the London InterCommunity Health Centre when it was only an idea. She came together with a group of like-minded community leaders and after two years of research, community engagement, and proposal development, the first Community Health Centre in London was approved.

Thirty-two years later, as Anthoula announces her retirement, the London InterCommunity Health Centre offers this and so much more thanks to Anthoula's long-standing stewardship.

Anthoula has always seen not only what the reality is for individuals, families, and communities, but

what could be, as she navigated complex systems, challenged funders to be creative, and advocated tirelessly for the voiceless in our community. She challenged our assumptions, bias, and ethical practices as we worked with underserved populations. She inspired and energized us to reflect in different ways and work on a different level. Never one to seek the spotlight (including acknowledgment in this report), her humble and caring approach put the client first through three decades of dedicated service.

On behalf of the clients, volunteers, staff, community members, Board members, funders, and community partners, we thank Anthoula for her passion for social justice, commitment to influencing systems change, and innovative contributions to the Health Centre.



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This annual report was developed and designed by Erin Williams, Project and Communications Coordinator at the London InterCommunity Health Centre, London, Ontario. October 2019.



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